



CITY OF OXFORD

---

# ANNUAL REPORT

of the

# MEDICAL OFFICER OF HEALTH

for the year

1957



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MADAM CHAIRMAN, LADIES AND GENTLEMEN,

This is my tenth Annual Report and is compiled in accordance with Ministry of Health Circular 1/58.

Once again there is the satisfaction of being able to report that there was no maternal mortality, that the infant mortality rate was the second lowest on record, and that there was a very low stillbirth and neonatal mortality rate. Year by year all these local statistics have remained consistently below the corresponding national rates and are indicative of the excellent maternity and paediatric services in this City. Teamwork has been the keynote of success and parents can join with general practitioners, hospital maternity and paediatric departments and local authority services in mutual congratulation. The details of the local authority maternity and child welfare services are contained in the section of the Report contributed by Dr. Mary Fisher who, in her 25th year as a member of the staff of the health department, must feel very proud of these services which she has done so much to create and develop to their present high level of efficiency.

There was a welcome increase in the birthrate and an even more welcome decrease in the illegitimate rate, although this still remains well above the national figure.

The deathrate was about average but would have been very low indeed had it not been for the effect of the influenza epidemic in the autumn. Although there was a slight reduction in deaths from all forms of cancer, those due to lung cancer increased to the highest number yet recorded. The smoking habits of these 49 local victims of lung cancer are not known, nor could any valid inference be drawn from such a relatively small number of cases, but evidence on a national scale continues to accumulate and to support the strong association between tobacco-smoking and lung cancer. A copy of my special report on this subject will be found in the Health Education Section.

The ambulance service showed a further but smaller increase in the total number of patients carried whilst there was again a reduction in mileage. The stage has now been reached when a daily average of 148 patients are carried 803 miles. The developing hospital services and, particularly, the new conception of day hospitals, and the increasing emphasis on outpatient rather than inpatient treatment all throw an increased burden on the ambulance service. Several discussions took place with the hospitals to try and reduce the load as far as possible.

The arrangement, started 3 years ago, by which a few general practitioners hired the child welfare clinic premises on the Northway Estate for branch surgery purposes, has continued to the satisfaction of all concerned. A further step in the provision of branch surgery facilities on new housing

estates was taken during the year, when the Housing Committee of the City Council built small surgery premises on the Minchery Farm Estate which are now being used by 14 doctors with patients in the area. The premises are let at an economic rent to the doctors. A small health centre to serve the new Blackbird Leys estate is to be built during the current year.

Reference has previously been made to two experiments in connection with health visiting. For the last 3 years a combined health visitor and district nurse has been working in the South Oxford area of the City but it has now been decided that the disadvantages of such an arrangement outweigh the advantages and, therefore, the experiment has been brought to an end. The biggest difficulty was the fluctuating demands of the home nursing work which, at times, became so heavy that there was insufficient time for the equally important health visiting. The other experiment which has been in progress for 18 months was the attachment of a health visitor full-time to a general practitioner partnership and this has been such an outstanding success that it has been agreed to continue the arrangement indefinitely.

The home nursing and home help services have together continued their very important role of relieving the hospital services by enabling patients to be treated at home. The majority of patients helped by both these services are elderly.

No case of diphtheria or typhoid occurred and there were very few scarlet fever patients. The 1956 epidemic of measles continued into the early part of the year and whooping cough was rather more prevalent. There were 6 cases of poliomyelitis, with one death in a young adult. Sonne dysentery was present early in the year and was dealt with by clinical rather than bacteriological control, no attempt being made to find symptomless excretors. A small but interesting outbreak of virus meningitis occurred in the third quarter; cases were investigated in some detail and it is hoped to prepare a report for the medical press. The cases were not serious but gave rise to a certain amount of anxiety, occurring as they did during the poliomyelitis season.

The outstanding event of the year was, of course, the pandemic of "Asian" 'flu, which arrived in Oxford early in September and spread very rapidly to reach a peak in the week ending 22nd October, after which it quickly declined. There was a heavy incidence particularly amongst schoolchildren and it is estimated that about 25% of the total population of the City suffered from an attack. It was the biggest epidemic since the war and, although generally mild, caused some complications and deaths.

There was a further welcome drop in the number of notifications of tuberculosis. An increasing proportion of cases are now found amongst older men and many of these have longstanding histories of "bronchitis". It is strongly advised that all "chronic bronchitics" should have at least



one chest X-ray. The outlook for a newly diagnosed early case of pulmonary tuberculosis is now very good indeed. Immediate admission to hospital can be arranged; the period of active treatment is much shorter; surgical treatment, though needed less often, is much safer; the patient is soon rendered non-infectious, and there is much less need to consider a change of job. In other words, the patient can confidently expect to be able to return to normal life and to keep fit and well.

The response to vaccination against smallpox has now reached the relatively high level of 66% and we attribute this success very largely to the fact that it has become part of the routine work of all child welfare clinics. Wherever possible, it is undertaken at the age of 10-weeks and is followed by "Triple Antigen", giving protection against diphtheria, whooping cough and tetanus.

The poliomyelitis vaccination scheme has been one of extreme frustration. Because of the inadequate supplies of vaccine, progress has been very slow. However, in June 1958, vaccine is at last arriving in large quantities and every effort is being made to inject all registered children, expectant mothers and other priority classes before the end of July. It is an enormous task and is being given the highest priority; inevitably, other important work is suffering.

There was again a record number of new admissions to and discharges from mental hospitals. This does not necessarily represent an increase in mental sickness but is more probably the result of the greater willingness of patients to obtain psychiatric help at an earlier stage. Gradually, the arrangements for the admission of patients to mental hospitals are approximating to the informality associated with general hospitals. In only 18 cases out of 414 admissions was it found necessary to carry out formal certification prior to admission. Co-operation with Cowley Road, Littlemore and the Warneford Hospitals has developed steadily throughout the year. The Park Hospital has become a child psychiatric unit and Dr. Ounsted has been appointed child psychiatrist to the hospital as well as to the child guidance clinic.

There has been serious delay in the provision of additional residential accommodation for old people, and, as a result, the domiciliary welfare arrangements for the aged and infirm have been strained to the utmost.

The new Deaf Centre was opened in December and this pioneer scheme which resulted from co-operation between the Oxford Diocesan Association for the Deaf, the Deaf and Dumb Centre, the Hard of Hearing Club and the Parents of Deaf Children's Society is deserving of every success. Another venture by a voluntary body, namely the Oxford and District Association of Parents of Spastic Children, has been the provision of a Centre for Spastic Children at the Churchill Hospital. The conversion of the Red Barn, for use as a sheltered workshop, is at last taking place.

The new sewage works were opened during the year and are a welcome addition to the health amenities of the City.



The City of Oxford (Central No. 1) Smoke Control Order, 1958, has now been confirmed by the Ministry of Housing and Local Government and will come into effect on the 1st November, 1958. The preliminary steps have been taken towards establishing a second Smoke Control Area on the new Blackbird Leys Estate.

Further important steps were taken during the year towards slum clearance in the St. Ebbe's area. The Rent Act has posed many problems, has given rise to much uncertainty, and has considerably increased the work of the public health inspectors.

The Clean Food Campaign continues to make satisfactory progress and the "yellow ticket-on-the-spot" notices issued when contraventions of the Food Hygiene Regulations have been observed, have continued to have a salutary effect. Foam from detergents has already proved a nuisance at the new sewage works and there can be little doubt that quite unnecessary amounts of these products are being used in the process of washing-up. Massive doses of detergent are no substitute for a plentiful supply of hot water and the use of the "two-sink" method, where practicable. Structural improvements should facilitate sound food hygiene in the central Covered Market. The two slaughterhouses continue to give good service but the Eastwyke Farm premises will require considerable modernisation if they are to comply with the new regulations. There has been a marked decrease in the amount of tuberculosis found in animals slaughtered and also a welcome decrease in the amount of meat which it has been necessary to condemn. The absence of legal standards for sausages and sausage-rolls is deprecated. There is no relationship between the price charged for these articles and their meat content, and there is at present no means of protecting the purchaser in this respect. Samples of imported egg material have again shown bacteriological evidence of gross contamination. It is difficult to understand why this heavily polluted material should be allowed to be imported. At least one exporting country has dealt with the difficulty by pasteurisation before shipment; others should be encouraged to follow this sound practice.

Responsibility for the ambulance and welfare sections of the Civil Defence Corps continued to occupy the time of certain members of the health department. Dr. Willson and I have each attended courses for medical officers at the Civil Defence Staff College, Sunningdale.

Dr. P. K. Sylvester rejoined the staff in July, having obtained the Diploma in Public Health. He had been granted leave of absence for nine months to attend the full-time course of instruction at the London School of Hygiene. In October, Dr. Elizabeth Coulter commenced similar training. Each of these assistant medical officers was privileged to hold one of the few scholarships awarded in connection with this training course.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once

again, the willing and able support I have received from all members of my staff throughout the year. Mr. Annely, as chief administrative assistant, has a special responsibility in the preparation of these Reports, and as this represents his 25th Edition, it is an appropriate occasion to accord him a special word of thanks.

Finally, I should like most sincerely to thank you, Madam Chairman, and all Members of the Health Committee, for the encouragement and kindly consideration extended to me and to members of my staff throughout the course of another busy year.

Yours faithfully,

J. F. WARIN,  
*Medical Officer of Health.*





## SECTION I

## COMMITTEE MEMBERS

## HEALTH COMMITTEE

*Chairman:* Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.

*Vice-Chairman:* Councillor MEADOWS.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	HUGHES.
„	BLACKLER.	„	KINCHIN.
„	CAPEL.	„	LEWIS.
„	Mrs. PRICHARD, O.B.E., M.A., J.P.	„	Mrs. PACKFORD.
„	ROBERTS (Sheriff).	„	TAYLOR.
Councillor	BROMLEY.	„	Mrs. TEAL.
„	FERGUSON.	„	WARRELL.
„	Mrs. E. GIBBS.	„	Mrs. WATSON.

Mrs. M. HOUGHTON }  
 Mrs. O. PHIPPS } representing the Oxford County and City Executive Council.  
 Mr. J. G. ROBINSON, representing the United Oxford Hospitals.

## MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

*Chairman:* Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

*Vice-Chairman:* Councillor Mrs. PACKFORD.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	WARRELL.
„	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	„	Mrs. M. WATSON.
Councillor	Mrs. E. GIBBS.		Mrs. M. HOUGHTON.
„	MEADOWS.		

Mrs. H. C. BROWN, J.P.	} co-opted.
Mrs. A. CAMPBELL	
Mrs. E. COATE	
Mrs. M. DEAN	

## MATERNITY FINANCE SECTION

*Chairman:* Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

*Vice-Chairman:* Councillor Mrs. PACKFORD.

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Mrs. M. Dean.
	Councillor	Mrs. E. GIBBS.

## MOTHER AND BABY HOSTEL HOUSE SECTION

*Chairman:* Mrs. M. DEAN.

*Vice-Chairman:* Councillor Mrs. PACKFORD.

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Mrs. A. CAMPBELL.
„	Mrs. PRICHARD, O.B.E., M.A., J.P.	Mrs. E. COATE.

## MENTAL HEALTH SUB-COMMITTEE

*Chairman:* Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

*Vice-Chairman:* Councillor WARRELL.

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Councillor	TAYLOR.
Councillor	MEADOWS.	„	Mrs. TEAL.
„	Mrs. PACKFORD.		Mrs. M. HOUGHTON.
	Mrs. H. C. BROWN, J.P., co-opted.		



**WELFARE SERVICES SUB-COMMITTEE***Chairman:* Councillor Mrs. E. GIBBS.*Vice-Chairman:* Councillor MEADOWS.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	FERGUSON.
„	BLACKLER.	„	KINCHIN.
„	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	„	Mrs. PACKFORD.
„	ROBERTS (Sheriff).	„	Mrs. WATSON.
Councillor	BROMLEY.		Mr. J. G. ROBINSON.

**WELFARE SERVICES HOUSE SECTION***Chairman:* Councillor Mrs. E. GIBBS.

All members of the Welfare Services Sub-Committee.

**GENERAL PURPOSES SUB-COMMITTEE**

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity Child Welfare and Home Services, Mental Health and Welfare Services Sub-Committees, *ex-officio*, together with Aldermen Mrs. ANDREWS, M.B.E., and ROBERTS (Sheriff).

*Representatives on Joint Ambulance Committee:*

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Councillor	WARRELL.
Councillor	Mrs. E. GIBBS.		

*Representatives on Oxford Voluntary Tuberculosis Care Committee:*

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Councillor	MEADOWS.
Councillor	HUGHES.	„	Mrs. PACKFORD.

**HOUSING COMMITTEE***Chairman:* Councillor CHAPLIN.*Vice-Chairman:* Councillor Mrs. GOULTON-CONSTABLE.

Alderman	KNIGHT (Mayor).	Councillor	FELL.
„	Lady TOWNSEND, J.P.	„	GARRARD, M.A.
Councillor	CHESTER, C.B.E., M.A.	„	INGRAM.
„	CONNERS.	„	KEITH-LUCAS, M.A.
„	FAGG.	„	Mrs. THOMPSON, M.A.

## HEALTH DEPARTMENT STAFF

### *Medical Officer of Health:*

J. F. WARIN, M.D., D.P.H.

### *Deputy Medical Officer of Health:*

G. F. WILLSON, M.D., D.P.H.

### *Senior Assistant Medical Officer for Maternity and Child Welfare:*

M. FISHER, B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H.

### *Assistant Medical Officers of Health:*

B. G. ANSCOMBE, M.B., Ch.B., D.R.C.O.G. (Ceased 31.8.57).

E. J. COULTER, M.B., Ch.B., D.C.H. (On leave of absence for D.P.H. course).

S. R. FINE, M.B., Ch.B., D.P.H., D.C.H. (Commenced 1.9.57).

P. K. SYLVESTER, M.B., B.S., D.P.H., D.C.H., D.R.C.O.G.

W. J. WIGFIELD, M.B., B.Ch., D.P.H.

D. IRONSIDE, M.B., Ch.B., D.P.H. (Part-time). (Commenced 1.10.57).

A. J. JENKINS, M.D., D.P.H., D.C.H. (Part-time). (Ceased 20.7.57).

M. STEWART, M.B., M.R.C.S., L.R.C.P. (Part-time). (Commenced 1.10.57).

### *Consultant Tuberculosis Officer: (part-time)*

F. RIDEHALGH, M.D., F.R.C.P.

### *Principal Dental Officer:*

C. H. I. MILLAR, B.Sc., L.D.S.

### *Assistant Dental Officer:*

J. D. W. BARNETT, B.D.S. (Ceased 30.9.57).

### *Dental Attendant:*

Mrs. S. M. STOCKWELL. (Ceased 30.4.57).

Miss B. ROGERS. (Commenced 8.4.57).

### *Chief Public Health Inspector:*

W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (a) (b) (c) (d).

### *Deputy Chief Public Health Inspector:*

E. EDLINGTON (a) (b) (d).

### *District Public Health Inspectors:*

K. ENGLAND (a) (b).

J. FORREST (a) (b). (Ceased 1.9.57).

K. O. KEIGHLEY (a) (b).

J. P. MULLARD (a).

A. F. PAVEY (a) (b).

J. G. SCOTT (a) (b) (e).

R. C. STENTIFORD (a) (b). (Ceased 17.3.57).

D. WATSON (a) (b) (d).

### *Pupil Public Health Inspectors: 2.*

- (a) Sanitary Inspector's Certificate, Sanitary Inspectors' Joint Board.
- (b) Meat and Food Inspector's Certificate, Royal Society of Health.
- (c) Sanitary Science Certificate, Royal Society of Health.
- (d) Smoke Inspector's Certificate, Royal Society of Health.
- (e) Testamur of Institute Public Cleansing.

### *Disinfector: 1. Outside Public Health Assistants: 5.*

### *Superintendent Health Visitor:*

Mrs. D. WELLER (a) (b) (c) (d).

*Health Visitors:*

Miss J. BARNETT (a) (b) (c).  
 Miss K. BAYLIS (b) (c).  
 Miss D. BREE (a) (b) (c).  
 Miss S. J. BURTON (a) (b) (c). (Commenced 12.9.57).  
 Miss N. CROOKALL (b) (c).  
 Miss G. DAVIES (a) (b) (c).  
 Mrs. I. EAGLE (a) (b) (c).  
 Miss B. M. GUY (a) (b) (c). (Commenced 12.9.57).  
 Miss K. J. HAYES (a) (b) (c).  
 Miss G. M. LAWRENCE (a) (b) (c).  
 Miss E. M. MACQUEEN (a) (b) (c). (Commenced 12.9.57).  
 Miss E. M. MAYLAM (a) (b) (c).  
 Mrs. B. M. POPHAM (b) (c).  
 Miss D. PYLE (a) (c).  
 Miss M. SALMON (b) (c).  
 Miss H. SPICKERNELL (a) (b) (c).

*Students:* 3 1st year, 2 2nd year.

*Health Visitor/District Nurse:*

Miss M. BROWN (a) (b) (c) (e).

*Non-Medical Supervisor of Midwives:*

Miss P. V. NEEDHAM (a) (b).

*Midwives:*

Miss M. C. R. FISHER (a) (b).  
 Mrs. A. E. GODFREY (a).  
 Miss J. N. HOARE (a) (b).  
 Miss D. INNESS (a) (b).  
 Miss P. MILLAR (a) (b).  
 Miss M. E. VINER (a) (b).

*Superintendent, District Nurses:*

Miss H. LONGHURST (a) (b) (c) (e).

*Assistant Superintendent, District Nurses:*

Miss M. R. DORS (a) (b) (c) (e). (Ceased 18.1.57).  
 Miss E. M. WATKINS (b) (c) (e) (g). (Commenced 17.3.57).

*District Nurses:*

Mrs. E. M. ANDERSON, nee Callan (a) (b) (e).  
 Miss G. DAY, otherwise Hughes (a) (b) (e).  
 Miss N. DREWE (a) (b) (e).  
 Miss D. KENT (b) (e). (Ceased 31.8.57).  
 Miss D. KING (a) (b) (e).  
 Miss H. MASSEY (b) (e).  
 Mrs. E. MOBEY (a) (b) (e).  
 Miss B. MOSS (b) (e).  
 Miss D. PRIESTLEY (b) (e). (Ceased 28.3.57).  
 Miss G. PUGH (b) (e).  
 Mrs. R. QUIGLEY (b).  
 Miss W. WILSON (a) (b) (e).



Mrs. F. WOODFORD (a) (b) (e). (Commenced 1.4.57).  
 Mrs. L. HIGGINSON (b) (e). (Part-time).  
 Mrs. J. T. RAYNOR (d). (Part-time). (Ceased 21.6.57).  
 Mrs. P. WHITE (b) (e). (Part-time). (Ceased 30.3.57).  
 Mrs. C. BARKER, Nursing Orderly. (Part-time).  
 Miss D. LEY, S.E.A.N. (Part-time). (Ceased 11.5.57).

*Student District Nurses:* 7.

*Mother and Baby Hostel:*

Mrs. B. HUMPHRIES (a) (b), Matron.  
 Miss F. BOLTON, C.N.N., Deputy Matron.

*Nurseries:*

*Botley Road Day Nursery:*

Miss G. M. NIXEY, C.N.N., Matron.  
 Miss G. M. THOMAS, C.N.N., Deputy Matron.  
 2 Nursery Nurses.  
 3 Nursery Students.

*Florence Park Day Nursery:*

Mrs. E. PEARCE (a) (b), Matron.  
 Miss M. G. HARRIS, C.N.N., Deputy Matron.  
 2 Nursery Nurses.  
 3 Nursery Students.

*Home Help Service:*

Miss P. E. URBAN-SMITH, Organiser.  
 Miss M. O. WALLIS, Assistant Organiser.

*Occupational Therapists:*

Miss E. M. TARGETT, M.A.O.T.  
 Miss L. A. OGBOURN, M.A.O.T.

*Almoners:*

Mrs. D. HICKS (Tuberculosis). (Part-time).  
 Miss A. JACKSON (Venereal Diseases). (Part-time).  
 Miss E. NEVILLE (Blind Welfare). (Part-time).

*Mental Health:*

A. ROBERTSON, Senior Mental Health Officer.  
 D. A. PURRETT, Mental Health Officer.  
 Miss E. GILBERTSON (a) (b) (c), Mental Health Officer.

*Occupation Centre:*

Miss O. WARBURTON, Supervisor.  
 5 Assistant Supervisors.

*Welfare Services:*

J. C. DAVENPORT, Chief Welfare Services Officer.  
 J. HADFIELD, Senior Assistant Welfare Services Officer.  
 J. CLARKE, Assistant Welfare Services Officer.  
 Miss E. M. REEVES (a) (b) (f), Assistant Welfare Services Officer.  
 Mrs. E. E. DEAN, Home Teacher to the Blind.  
 E. HILLS, Supervisor, Blind Workshop.  
 N. BOWLEY, Manager, Retail Shop.

*The Laurels:*

A. M. STOBIE, B.M., B.Ch., Medical Officer. (Part-time). (Ceased 31.3.57).  
 R. G. ANDERSON, M.B., Ch.B., Medical Officer. (Part-time). (Commenced 1.4.57).  
 Miss E. SAMPSON, M.B.E. (b), Matron.  
 Mrs. L. TEMPLETON (b), Deputy Matron.  
 V. C. FERRIMAN, Senior Male Officer.  
 Miss B. SINGLETON, Chiropodist. (Part-time).

*Frilford House:*

J. CHERRY, M.B., B.S., Medical Officer. (Part-time).  
 Miss M. E. JONES (b), Matron.  
 Miss K. A. GURNETT, Senior Assistant.

*Barton End:*

C. ANDREW, Warden. (Ceased 6.8.57).  
 Mrs. B. E. ANDREW, Housekeeper. (Ceased 6.8.57).  
 Mrs. J. GRANT (b), Matron. (Commenced 8.4.57).  
 (a) State Certified Midwife.  
 (b) State Registered Nurse.  
 (c) Health Visitors' Certificate, Royal Society of Health.  
 (d) State Registered Fever Nurse.  
 (e) Queen's Nurse.  
 (f) Sanitary Inspector's Certificate, Sanitary Inspectors' Joint Board.  
 (g) State Registered Mental Nurse.

*Administrative:*

H. G. ANNELY, Chief Administrative Assistant.  
 T. D. THOMSON, Senior Administrative Assistant.  
 J. BALDWIN, Senior Clerical Assistant, Welfare Section.  
 L. W. PEARMAN, Senior Clerical Assistant, Public Health Inspectors' Section  
 Miss J. R. ROGERS, Medical Officer of Health's Secretary.  
 Vacant, Chief Public Health Inspector's Secretary.  
 Mrs. P. M. BETT, Clerical Assistant, Mental Health.  
 W. J. GIBBS, Clerical Assistant.  
 Miss H. M. MITCHELL, Clerical Assistant, Maternity, Child Welfare, and Infectious Diseases.  
 Miss J. W. TAYLOR, Clerical Assistant, District Nurses.  
 4 Shorthand Typists.  
 15 Clerks, General Division.

*Civil Defence:*

D. E. BRADBERRY, Instructor and Organiser, Welfare Section.

## CLINICS

1. *Antenatal*

Bury Knowle, Old High Street, Headington.  
 East Oxford Centre, Cowley Road.  
 School Medical Room, 60 St. Aldate's.

Friday 9.30 a.m.  
 Tuesday 9.30 a.m.  
 Thursday 9.30 a.m.

2. *Child Welfare*

Alexandra Court Clinic, Woodstock Road.  
 Bury Knowle, Old High Street, Headington.  
  
 Church Hall, Main Road, New Marston.  
  
 Church Room, Canning Crescent.  
 Clinic Premises, 14 Church Street, St. Ebbe's.  
  
 Community Centre, Barton, Headington.  
 Community Centre, Rose Hill.  
 Congregational Church Room, Cowley.  
 Donnington School, Henley Avenue.  
  
 East Oxford Centre, Cowley Road.  
  
 G.F.S. Haigh Hut, 48 Woodstock Road.  
  
 Northway Clinic, Marston.  
 Slade Park Clinic, Cowley.  
  
 Village Hall, Wolvercote.

Wednesday 2—4 p.m.  
 Tuesday 2—4 p.m.  
 Thursday 2—4 p.m.  
 Wednesday 2—4 p.m.  
 Thursday 2—4 p.m.  
 Tuesday 2—4 p.m.  
 Monday 2—4 p.m.  
 Friday 2—4 p.m.  
 Wednesday 2—4 p.m.  
 Thursday 2—4 p.m.  
 Friday 2—4 p.m.  
 Tuesday 2—4 p.m.  
 Wednesday 2—4 p.m.  
 Monday 2—4 p.m.  
 Friday 2—4 p.m.  
 Monday 2—4 p.m.  
 Friday 2—4 p.m.  
 Thursday 2—4 p.m.  
 Tuesday 2—4 p.m.  
 Wednesday 2—4 p.m.  
 Thursday 2—4 p.m.

3. *Immunisation and Vaccination*

School Medical Room, 60 St. Aldate's.  
 (Also on application at Child Welfare Clinics).

Saturday 10 a.m.

4. *Dental*

Alexandra Court Clinic, Woodstock Road.  
 Donnington School, Henley Avenue.  
 East Oxford Centre, Cowley Road.  
 Margaret Road Clinic, Headington.  
 60 St. Aldate's.

} By appointment.



## SECTION II

## STATISTICS

## SUMMARY

Area of City 31.3.57 .. .. .	8,438 acres
*Area of City 1.4.57 .. .. .	8,785 acres
Population (estimated 31.3.57) .. .. .	103,720
Population (estimated mid-year 1957) .. .. .	104,400
Number of inhabited houses at 31.3.57 .. .. .	27,041
Rateable value of the City at 31.3.57 .. .. .	£2,192,207
Product of a penny rate for 1956/57 .. .. .	£8,131

Total cost of all health services 1956/57:—

	<i>Gross</i> £	<i>Net</i> £
Public Health Services .. .. .	24,175	21,662
National Health Service Act, 1946 .. .. .	174,553	67,052
National Assistance Act, 1948 .. .. .	86,606	59,636
Totals .. .. .	£285,334	£148,350

	<i>City of Oxford</i> <i>Average</i>		<i>England and Wales</i>
	1957	1947-56	1957
Birth rate (per 1000 population) (Recorded)	14.17	14.77	
Birth rate (per 1000 population) (as adjusted by comparability factor 0.96)	13.60		16.1
Illegitimate birth rate (% of total live births) .. .. .	7.72	6.99	4.6
Stillbirth rate (per 1000 total live and stillbirths) .. .. .	15.33	15.93	22.4
Maternal mortality rate (deaths classed to pregnancy or childbirth) (per 1000 total live and stillbirths) .. .. .	—	0.47	0.47
Neonatal mortality rate (deaths under 1 month per 1000 live births) ..	10.15	15.73	16.5
Infant mortality rate (deaths under 1 year per 1000 live births) .. .. .	18.95	22.54	23.0
Death rate (per 1000 population) (Recorded) .. .. .	9.96	9.78	

\* City of Oxford (Extension) Order, 1957, operative from 1.4.57.



	<i>City of Oxford</i>		<i>England and Wales</i> <b>1957</b>
	<b>1957</b>	<i>Average</i> <b>1947-56</b>	
Death rate (per 1000 population) (as adjusted by comparability factor 0.99)	9.86		11.5
Death rate (per 1000 population) from:—			
(a) Diseases of the heart and circulatory system .. .. .	3.43	3.49	
(b) Cancer (all forms) .. .. .	1.82	1.74	
(c) Pneumonia, bronchitis and other diseases of the respiratory tract	1.28	0.99	
(d) Tuberculosis (all forms) .. .. .	0.06	0.22	0.10
(e) Violence (including suicides) ..	0.52	0.41	

### BIRTHS

Total registered live births:—

Male .. .. .	1,723
Female .. .. .	1,524
	<hr/>
	<b>3,247</b>
	<hr/>
(Illegitimate .. .. .)	182

Of the 3,247 births registered, 1,430 were Oxford residents and 47 births to Oxford residents occurred outside the City, making a total of 1,477 births allocated to the City. Of these 1,363 were legitimate (697 male, 666 female) and 114 were illegitimate (60 male, 54 female).

### CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

#### (a) According to Notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives .. .. .	487	1	—	—
Notified by independent midwife .. .. .	2	—	—	—
Notified by General Practitioners .. .. .	1	1	—	—
Notified by Nuffield Maternity Home .. .. .	428	13	1159	43
Notified by Radcliffe Infirmary .. .. .	—	—	1	—
Notified by Churchill Hospital .. .. .	486	5	643	13
Notified by Nuffield Orthopaedic Centre .. .. .	1	—	—	—
Notified by Slade Hospital .. .. .	1	—	1	—
Notified by St. Anne's Nursing Home .. .. .	19	—	12	—
	1425	20	1816	56

**(b) According to Place of Birth (Registered Births)**

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home .. ..	419	13	1164	42
Born in Churchill Hospital .. ..	484	6	655	13
Born in Nuffield Orthopaedic Centre ..	1	—	—	—
Born in Slade Hospital .. ..	1	—	1	—
Born in St. Anne's Nursing Home ..	22	—	12	—
Born in Private Houses .. ..	482	2	6	—
	1409	21	1838	55



## BIRTHS AND DEATHS IN THE CITY, 1913—1957

Year	Popula- tion estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncor- rected No.	Nett		No.	Rate	of Non- residents registered in the District	of Resi- dents not registered in the District	Under 1 year		At all ages	
			No.	Rate					No.	Rate per 1000 Nett Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1913	53,948		951	17.62	703	13.03	87	22	79	83.07	638	11.82
1914	54,348		911	16.8	755	13.89	133	30	66	72.4	652	11.99
1915	54,478		865	15.79	777	14.19	142	37	62	71.6	672	12.27
1916	55,148		881	15.97	697	12.64	166	78	59	66.9	609	11.04
1917	*59,193 53,104		656	11.08	756	14.23	150	104	57	86.9	710	13.37
1918	*55,472 49,508		700	12.62	987	19.94	204	94	44	62.8	877	17.71
1919	*60,071 57,666		796	13.25	714	12.38	117	89	47	59.0	686	11.98
1920	59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10.19
1921	56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10.63
1922	56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12.75
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.43
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
1929	*70,730 70,590	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
1930	*74,000 73,810	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
1931	*80,810 80,530	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
1933	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11.09
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.09
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.87
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
1942	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9.75
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.53
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.63
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.93
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.36
1954	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9.17
1955	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9.50
1956	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10.33
1957	104,400	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9.96
†	104,230											

\* Population birth rate.

City Extended 1st April, 1929.

† Population birth and death rates. City Extended 1st. April 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.



# CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1957

(Table of Registrar General)

CAUSES OF DEATH	All Ages	0-	5-	15-	25-	45-	65-	75-
ALL CAUSES .. .. .	1038	28	3	11	27	235	251	483
1 Tuberculosis, respiratory .. ..	5	—	—	—	—	4	1	—
2 Tuberculosis, other .. ..	1	—	—	1	—	—	—	—
3 Syphilitic disease .. .. .	5	—	—	—	—	4	1	—
4 Diphtheria .. .. .	—	—	—	—	—	—	—	—
5 Whooping Cough .. .. .	1	1	—	—	—	—	—	—
6 Meningococcal infections .. ..	—	—	—	—	—	—	—	—
7 Acute poliomyelitis .. .. .	1	—	—	1	—	—	—	—
8 Measles .. .. .	—	—	—	—	—	—	—	—
9 Other infective and parasitic dis- eases .. .. .	3	—	—	—	—	—	2	1
10 Malignant neoplasm, stomach ..	20	—	—	—	1	4	10	5
11 Malignant neoplasm, lung, bronchus	49	—	—	—	1	25	12	11
12 Malignant neoplasm, breast ..	17	—	—	—	1	6	5	5
13 Malignant neoplasm, uterus ..	5	—	—	—	—	4	—	1
14 Other malignant and lymphatic neoplasms .. .. .	99	—	—	—	1	28	22	48
15 Leukaemia aleukaemia .. ..	7	—	1	—	—	1	2	3
16 Diabetes .. .. .	7	—	—	—	—	1	2	4
17 Vascular lesions of nervous system	144	—	1	—	1	18	35	89
18 Coronary disease, angina ..	183	—	—	—	3	49	56	75
19 Hypertension with heart disease ..	12	—	—	—	—	—	5	7
20 Other heart disease .. .. .	114	—	—	—	2	17	24	71
21 Other circulatory disease ..	48	—	—	—	—	11	11	26
22 Influenza .. .. .	5	—	—	—	—	—	3	2
23 Pneumonia .. .. .	76	3	—	—	2	7	8	56
24 Bronchitis .. .. .	51	—	—	1	1	15	11	23
25 Other diseases of respiratory system	7	1	—	1	—	1	4	—
26 Ulcer of stomach and duodenum ..	11	—	—	—	—	4	1	6
27 Gastritis, enteritis and diarrhoea ..	4	2	—	—	—	1	—	1
28 Nephritis and nephrosis .. ..	11	—	—	—	2	3	3	3
29 Hyperplasia of prostate .. ..	12	—	—	—	—	—	3	9
30 Pregnancy, childbirth, abortion ..	—	—	—	—	—	—	—	—
31 Congenital malformations ..	12	8	—	—	1	2	1	—
32 Other defined and ill-defined dis- eases .. .. .	74	12	1	1	4	19	17	20
33 Motor vehicle accidents .. ..	12	1	—	3	3	1	2	2
34 All other accidents .. .. .	30	—	—	3	1	5	7	14
35 Suicide .. .. .	12	—	—	—	3	5	3	1
36 Homicide and operations of war ..	—	—	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

## CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,038 deaths, 550 were male and 488 female. The death rate of 9.96 (recorded) is little lower than last year.

There were 5 deaths from tuberculosis of the respiratory system, this is the same figure as recorded in 1956.

Cancer deaths numbered 190 (all sites), this is slightly lower than last year. Deaths from cancer of the lung and bronchus numbered 49, an increase of 10 over the 1956 figure.

Deaths from pneumonia totalled 76 compared with 46 last year.

There was 1 death from both whooping cough and poliomyelitis.

No maternal death occurred during the year, and there were no deaths from diphtheria, measles or scarlet fever.

No death occurred in the age-group 1—4 years.

### RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD

	1957
United Oxford Hospitals Group .. .. .	450
Oxford Regional Hospital Board Group .. .. .	8
Nursing Homes .. .. .	12
Old People's Homes (Local Health Authority) .. .. .	13
Old People's Homes (Private) .. .. .	16
	<hr/>
	*499
	<hr/>

\* = 30.44% of total deaths

### RESIDENTS WHO DIED AWAY FROM OXFORD

	1957
Oxford Regional Hospital Board Group .. .. .	1
Other Institutions and Nursing Homes .. .. .	11
Private Houses .. .. .	19
Accidents, etc. .. .. .	9
	<hr/>
	40
	<hr/>

### NON-RESIDENTS WHO DIED IN OXFORD

								<b>1957</b>
United Oxford Hospitals Group .. .. .	..	..	..	..	..	..	..	574
Oxford Regional Hospital Board Group .. .. .	..	..	..	..	..	..	..	6
Other Institutions and Nursing Homes .. .. .	..	..	..	..	..	..	..	16
Private Houses .. .. .	..	..	..	..	..	..	..	11
Accidents, etc. .. .. .	..	..	..	..	..	..	..	34
								<hr/> 641 <hr/>

DEATHS FROM TUBERCULOSIS  
YEARS 1938—1957

	PULMONARY							NON-PULMONARY						
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65	Total
1938	—	—	—	26	17	4	47	1	2	1	5	—	—	9
1939	—	1	1	24	13	3	42	—	2	3	3	—	—	8
1940	—	—	—	36	10	—	46	1	2	—	4	1	—	8
1941	1	—	—	27	17	3	48	—	3	—	5	—	1	9
1942	1	1	2	24	27	3	58	1	—	1	4	1	1	8
1943	1	—	—	22	14	7	44	—	1	1	6	—	1	9
1944	1	1	—	25	9	4	40	—	1	2	2	2	—	7
1945	1	—	—	22	9	5	37	—	—	—	4	2	—	6
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
*Buccal cavity and oesophagus (male)	6	6	3	4	—	—	—	—	—	—	—	—
Uterus (female)	14	16	8	12	12	5	7	9	6	5	11	5
Stomach and duodenum—												
Male ..	12	14	14	18	—	—	—	—	—	—	—	—
Female ..	6	23	10	16	—	—	—	—	—	—	—	—
*Stomach—												
Male ..	—	—	—	—	12	12	19	22	11	14	15	18
Female ..	—	—	—	—	11	13	9	8	15	15	17	2
*Lung, bronchus—												
Male ..	—	—	—	—	35	37	36	29	33	28	31	38
Female ..	—	—	—	—	5	7	3	5	1	5	8	11
Breast ..	20	18	13	18	22	19	21	23	16	9	18	17
All other sites—												
Male ..	55	54	57	58	55	72	42	46	47	62	48	53
Female ..	48	51	43	46	40	46	48	49	43	56	49	46
Totals ..	161	182	148	172	192	211	185	191	172	194	197	190

\* (Classification of sites amended from 1950).



## Age and sex distribution of Cancer deaths

			All Ages	0-	5-	15-	25-	45-	65-	75-
Male	..	..	110	—	—	—	3	39	32	36
Female	..	..	80	—	—	—	1	28	17	34
Total	..		190	—	—	—	4	67	49	70

## Analysis of deaths from cancer according to the site of the disease:—

	MALE							FEMALE						
	0-	5-	15-	25-	45-	65-	75-	0-	5-	15-	25-	45-	65-	75-
Stomach ..	—	—	—	1	4	9	4	—	—	—	—	—	1	1
Lung, bronchus	—	—	—	1	22	11	4	—	—	—	—	3	1	7
Breast ..	—	—	—	—	—	1	—	—	—	—	1	6	4	5
Uterus ..	—	—	—	—	—	—	—	—	—	—	—	4	—	1
All other sites	—	—	—	1	13	11	28	—	—	—	—	15	11	20
Total ..	—	—	—	3	39	32	36	—	—	—	1	28	17	34

## SECTION III

### GENERAL HEALTH SERVICES

#### (a) AMBULANCE SERVICE

##### 1. Administration

The demands on the service continue to increase, but at a reduced level. The re-organisation of the County Hospital Car Service, whereby all journeys are now booked through the Ambulance Depot, necessitated the appointment of an additional control room officer. The staff at the end of the year was as follows:—

Controller

Deputy Controller

2 Clerical Assistants

1 Senior Control Room Officer

5 Control Room Officers.

The number of patients carried increased by approximately 1,000 compared with an increase of 3,500 the previous year. Mileage on the other hand decreased by about 8,000 compared with an increase of 8,500 the previous year. Towards the end of the year, there were signs that the monthly figures for mileage and number of patients carried were becoming fairly static. It is hoped that this will prove to be the case, but such a possibility rests entirely in the hands of the hospital authorities. The developing hospital services, and particularly the provision of day hospitals, together with the emphasis on outpatient rather than inpatient treatment wherever possible, all increase the load on the ambulance service. It is of interest that outpatients now account for two-thirds of the patients carried by the ambulance service.

##### 2. Mode of Transport

Long distance cases continue to be transported by train if approved by the patient's doctor. There was a slight reduction in the number compared with other years. Experience has proved this to be the most comfortable and the least expensive method of transport for long distance cases provided no change is necessary. British Railways have been most helpful.

### 3. Vehicles

Two new ambulances and two new sitting-case vehicles (utilecons) were purchased during the year. A corresponding number of vehicles which were beyond economical running were disposed of. All ambulance vehicles are now radio-controlled.

### 4. Staff

No change was made in the establishment of driver/attendants during the year. The two women drivers appointed in 1955 have continued to be of great value.

### 5. Ambulance Depot

This is the first full year that the new Ambulance Depot has been in operation. The difference that up-to-date accommodation and working conditions has made towards the smooth running of the service is remarkable. Looking back at the two Nissen huts which were all the accommodation previously available it is indeed a wonder how the service managed to function at all.

### 6. Activities

Table 1 gives details of the work undertaken by the ambulance service during 1957, whilst Table 2 gives an indication of the increased use of the service since 5th July, 1948.

### 7. Emergency Calls

During the year, 1,903 emergency journeys (1,931 in 1956) were undertaken in the City, as follows:—

(a) Central (within the area Magdalen Bridge, Folly Bridge, the Station and St. Giles') .. .. .	347
(b) North of St. Giles' .. .. .	249
(c) South of Folly Bridge .. .. .	90
(d) West of Station .. .. .	104
(e) East of Magdalen Bridge .. .. .	1113

These figures reveal that 58.5% of the calls were received from east of Magdalen Bridge.

### 8. General

The service has continued to run smoothly during the year and no abuse of the use of transport has been reported. Owing to the cost of the new Ambulance Depot, expenditure on the service has risen, and some part of this has of necessity been passed on to other local health authorities in the form of increased mileage charges. These now amount to 3/8 in the case of ambulances (previously 3/-) and 1/10 for sitting-case cars (previously 1/2).

TABLE I

	AMBULANCES		SITTING-CASE CARS (UTILECONS)		TOTALS		TRAIN JOURNEYS
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed
1957							
January	1,493	9,552	3,324	16,466	4,817	26,018	21
February	1,578	8,642	2,893	14,181	4,471	22,823	16
March ..	1,500	9,624	3,066	14,781	4,566	24,405	21
April ..	1,349	8,793	2,965	14,263	4,314	23,056	20
May ..	2,959	20,538	6,089	30,204	9,048	50,742	35
June ..							
July ..	4,411	31,418	9,014	45,765	13,425	77,183	31
August							
September	4,516	27,997	8,798	41,138	13,314	69,135	58
October							
November							
December							
	17,806	116,564	36,149	176,798	53,955	293,362	202



TABLE 2

Year	Patients	Mileage	Train Journeys
1948 (6 months)	13,783	153,425½	—
1949	29,878	357,058½	—
1950	31,963	322,944½	133
1951	41,549	319,877½	217
1952	44,494	317,268½	230
1953	45,883	297,317	246
1954	47,774	282,380	248
1955	49,238	292,838	229
			(rail strike in June)
1956	52,900	301,497	234
1957	53,955	293,362	202

## (b) LABORATORY SERVICE

### Bacteriological examinations

Examinations of swabs and other specimens from cases of infectious diseases, and from contacts and suspected carriers, have been carried out by the staff of the Public Health Laboratory, Walton Street, Oxford, from whom every help has been received.

### Analytical examinations

Messrs. Thomas McLachlan and Partners, Analytical Chemists, have continued as Public Analysts to the City. Their main laboratory is at London, but they have a smaller laboratory at Reading, where many of the routine samples are tested.

## (c) HEALTH VISITING

### 1. Staff

During the year the staffing position would have been entirely satisfactory if nothing unforeseen had occurred. But unfortunately two members of the staff were involved in a car accident when setting off for their holiday in July. They had to be off duty for some months and were not fit for full-time work until January 1958. In addition one student who qualified in April left in August to be married instead of completing her contract.

Despite these difficulties the service has managed to meet its commitments. The City Council granted two additional temporary car allowances which helped in covering the work.

The assisted training scheme has fully justified itself over the years it has been in operation. The standard of staff has been consistently high and serious staff shortages have been prevented.

## 2. Home visits paid by health visitors during the year

The following table shows the visits paid during the year, and includes figures for the three previous years for comparison:—

	1954	1955	1956	1957
To expectant mothers ... ..	299	736	789	978
To children under 1 year ... ..	12,960	11,229	12,241	12,351
To children between 1 and 2 years...	5,786	4,791	4,744	4,997
To children between 2 and 5 years...	9,113	7,428	7,685	8,304
To tuberculous households ... ..	63	39	52	12
Other cases ... ..	1,578	1,161	2,418	2,096
	<hr/>	<hr/>	<hr/>	<hr/>
	29,799	25,384	27,929	28,738
	<hr/>	<hr/>	<hr/>	<hr/>
Total number of visits to children under 5 years ... ..	27,859	23,448	24,670	25,652
	(i.e. 93% of the total visits)	(i.e. 92% of the total visits)	(i.e. 88% of the total visits)	(i.e. 90% of the total visits)
Total number of households visited	23,642	20,021	22,317	22,699

### Comments on these figures—

(i) All the visits were “effective visits”. The total number of “no access” visits was 5,508 compared with 4,158 in 1956.

(ii) Visits to tuberculous patients by the tuberculosis visitors are recorded in Section IV (c) of this report.

(iii) Work carried out as school nurses is described in the report of the Principal School Medical Officer.

(iv) The visits to expectant mothers show a considerable increase. These are mainly visits to mothers booked for hospital delivery. Thanks to the co-operation of the two hospital departments the names and addresses of all mothers who book are made available to the health visitor who calls at the hospital each week.

(v) “Other cases” comprise all visits not included in one of the other categories. They include visits to old people, visits in connection with infectious diseases, and visits paid at the request of hospitals and general practitioners. An increasing number of visits are concerned with mental health problems. The total for “other cases” is rather smaller than in 1956, because there were no severe outbreaks of Sonne dysentery during the year. It seems that the proportion of visits in connection with categories other than expectant mothers and young children is likely to remain at about 10% in the absence of exceptional circumstances.



### 3. Experiment in combined duties

The experiment of combining the duties of district nurse, health visitor and school nurse in South Oxford was discussed in the 1956 report. Throughout 1957 the post was held by a very capable nurse, but at the end of the year she was forced to give her considered opinion that the disadvantages outweighed the advantages. Briefly the reasons for this decision were as follows—

(1) The district nursing work is at times too heavy to enable adequate time to be given to health visiting.

(2) Time is inevitably taken up by travelling to and from the headquarters of the two services (i.e. the Health Department and the District Nurses' Home).

(3) When the work is heavy extra hours have to be worked.

(4) It is difficult, because of the time factor, to apply the finer points of both sides of the work.

At the end of the third year of the experiment it was therefore decided to bring the scheme to an end.

### 4. Experimental attachment of a health visitor to a general practice (full-time)

This experiment was described in detail in the report for 1956. At the end of 1957 it was still proving a great success and the City Council decided that the arrangements should continue indefinitely.

### 5. Work at child welfare clinics

One or more health visitors were present at all the 1031 sessions of the child welfare clinics held during the year. Thanks to the great help given by voluntary workers the health visitors are able to concentrate on the professional aspect of their work, namely advising the mothers, preparing the equipment for prophylactic procedures and arranging for the appropriate children to be seen by the doctor.

Three of the clinics held in buildings belonging to the City continued to be used as headquarters of the health visitors working on the corresponding districts. The advantages of this arrangement were described in the report for 1956.

### 6. Co-operation with hospitals

Arrangements with the maternity departments, the paediatric department, the diabetic clinic and the venereal diseases clinic continued very satisfactorily. Details were given in the reports for 1954 and 1955. The regular weekly visit of one of the health visitors to the two maternity departments is particularly valuable in ensuring liaison between the hospital and the health visitor in whose district the mother lives.



## 7. Co-operation with general practitioners

Apart from the special arrangement mentioned in paragraph 4, all the health visitors discuss mutual problems with the family doctors concerned. Every general practitioner is informed which health visitor works mainly in his district. She makes herself known to him personally and is ready to help him in any way she can.

## 8. The assisted training scheme for health visitors

The three students who began the course in September 1956 all obtained their Health Visitors' Certificate in April 1957.

## 9. Refresher courses

It is most important for all public health nurses to keep abreast with recent advances in connection with their work and to be "refreshed" at intervals by going away and meeting colleagues from other places. An effort is therefore made to send members of the staff to a refresher course every 5 years.

It is unfortunate that the recognized courses for health visitors (organized by the Women's Public Health Officers' Association and by the Royal College of Nursing) last a fortnight and therefore cost £26—£28 for residence and tuition. In times of financial stringency the City Council is somewhat reluctant to spend this money on something which is not a statutory duty. Nevertheless one health visitor went to a fortnight's course run by the Women Public Health Officers' Association at Cambridge and another went to a 10-day summer school organized by the Central Council for Health Education at Bangor.

### (d) HOME HELPS

#### 1. Cases helped

(a) *Classification of cases helped in the last four years:—*

Cases	1954	1955	1956	1957
Home confinements .. .. .	112	73	58	64
Other maternity cases .. .. .	40	52	41	42
Acute illness .. .. .	214	181	205	223
Chronic sick .. .. .	59	75	85	68
Tuberculosis .. .. .	21	20	16	12
Aged(over 75 years) .. .. .	181	158	161	153
Totals .. .. .	627	559	566	562
Cases refused owing to pressure of work ..	39	57	17	12

These figures do not show any striking trends, but it is greatly to the credit of the two organizers that the number of cases refused has fallen to the very low figure of 12.

(b) *Patients receiving continuous help throughout the year* during the past four years were as follows:—

1954	117 cases
1955	125 cases
1956	89 cases
1957	183 cases

There was a marked increase in these “permanent” cases in 1957. It remains to be seen whether this heavy demand will continue. Once a case is taken on by the service the help continues as long as the need exists. There is thus a “snowball” effect in the categories of chronic sick and aged; but this is offset by admission to institutions or by death.

(c) *Continuous daily help throughout the year* was provided for 9 cases (as compared with 10 in 1955 and 7 in 1956). The cost in time and money of these cases is shown in tabular form. Both are considerable, but the patients are all seriously incapacitated and without the home help service they would have to be in hospital, where the cost to the community would be very much greater. Only two of these patients needed the service of a district nurse, and then only for a weekly bath. They were not in need of help from the Welfare Services nor from the domiciliary occupational therapist, so the home help service represented almost the whole of the charge to the community. Moreover in 5 of the 9 cases the help given at home has enabled the patient to remain with his or her family.

## 2. Finance

(a) *Classification for payment* in the last four years has been as follows:—

	1953	1954	1955	1956	1957
Full payment* .. ..	83	91	109	Not classified, as two assessments in operation during year	91
Assessed for part payment	301	302	240		210
Free .. .. .	281	234	210		261
Total cases helped ..	668	627	559	—	562

\* 3/- per hour until October 1955, when it was increased to 3/6 per hour.

This shows a fairly consistent pattern of a small number of patients paying the full cost (usually for a short time in an emergency) with about half the remainder assessed for part payment and about half receiving the service free.

(b) A high proportion of cases being helped are old age pensioners. At the end of the year these numbered 209 of which 141 were free cases.

(c) The National Assistance Board ceased to make direct payment

**Patients receiving daily help throughout the year**

	Age	Weekly help	Annual help	Weekly payment	Annual payment	Annual cost Wages and trav. allow.)	Annual net cost (excluding admini- stration)
Paraplegia and diabetes	52	15 hrs.	759 hrs.	free	free	117 10 11	117 10 11
Disseminated sclerosis	50	18 hrs.	882 hrs.	10 mths. 7/6	23 10 0	137 19 10	114 9 10
Parkinson's disease	47	20 hrs.	1040 hrs.	2 mths. 17/6	56 5 0	162 8 2	106 3 2
Stroke (paralysis) from 28.1.57	58	12 hrs.	508 hrs.	4 mths. 25/-	free	85 3 1	85 3 1
Poliomyelitis and children	40	24 hrs.	1248 hrs.	8 mths. 20/-	15 12 0	193 2 3	177 10 3
Bedridden cardiac; living alone	75	27 hrs.	1404 hrs.	free	free	211 10 9	211 10 9
Rheumatoid arthritis	66	12 hrs.	624 hrs.	free	free	91 19 5	91 19 5
Cardiac and senility	83	15 hrs.	780 hrs.	free	free	114 18 11	114 18 11
Cerebral haemorrhage (wife)	56	20 hrs.	1040 hrs.	free	free	162 8 2	162 8 2
Cardiac (husband)	70						
					£95 7 0	£1277 1 6	£1181 14 6



to the City Council for home help services in April 1956. There are, however, a few cases in which payment was already being made at that time and in which the arrangement still continues. Income from this source was £14 8s. 6d. in 1957.

There were 65 cases who received some allowance from the National Assistance Board, and of these 12 (4 of whom are blind) made some contribution towards the cost.

(d) Wages were increased from 2/10½ to 3/- per hour on April 28th, 1957. The travelling allowance remains at 3/6 per week.

(e) *Cost of the service.*

The following table shows the cost in the last four financial years:—

	1953-4	1954-5	1955-6	1956-7
Total cost .. ..	£14,394	£14,667	£16,080	£16,250
Receipts .. ..	£1,371	£1,508	£1,565	£1,638
Net cost .. ..	£13,023	£13,159	£14,515	£14,612

### 3. Assessment

The revised scale which came into operation on April 1st, 1956, was set out fully in the report for that year. It is working very satisfactorily. During 1957 there were only 3 cases in which the assessment was causing hardship. These were sympathetically reviewed by the Maternity, Child Welfare and Home Services Sub-Committee and a reduction was made in the charge.

### 4. Staff

The Organizer and Assistant Organizer divide the City between them for administration purposes. A large amount of their time has to be spent at the office in order to deal with the constant problem of meeting the demands on the service while keeping "idle time" to the minimum. In addition almost all new cases are visited as soon as possible and other cases when they can be fitted in. Special visits often have to be paid at short notice if a problem arises.

The following table shows the home help staff employed at the end of each of the last 5 years:—

	1953	1954	1955	1956	1957
Full time—42 hours* .. ..	7	7	6	5	6
Part-time—27, 24 and 20 hours* ..	59	62	65	63	47
Part-time† .. .. .	3	2	1	5	10
Totals .. .. .	69	71	72	73	63

\* guaranteed weekly wage.

† paid for hours actually worked.

The figures show that the regular part-time workers form the backbone of the service. There was a net loss of 16 in this category during the year. Efforts are being made to recruit more of these workers, but it is not easy, because there is ample part-time work of a much less exacting nature available in Oxford. It is fortunate that many married members of the staff find sufficient satisfaction in the work to do it although there is no need for them to seek employment. There is an understandable tendency for women to resign on grounds of health after the age of 50; during 1957 there was a loss of 7 well-established workers between the ages of 51 and 55 after an aggregate of 37 years in the service.

Of the 10 part-time workers not receiving a guaranteed weekly wage 4 were working regularly in the service for less than 20 hours per week, while the remaining 6 were recruited for special cases.

### (e) DISTRICT NURSING

#### 1. General arrangements for the service

The second full year of the direct administration of the service by the City Council has passed very smoothly. The Council is a member of the Queen's Institute of District Nursing, and the service is staffed almost entirely by Queen's nurses and Queen's student nurses.

The service is based on one central and two branch homes, but nurses may be non-resident if they prefer it.

#### 2. Staff

The staffing position has been satisfactory throughout the year. On December 31st, 1957, the position was as follows:—

Superintendent	..	..	..	..	1		
Assistant superintendent	..	..	..	..	1		
Home nurses:—							
Queen's nurses:—							
Resident full-time	..	..	..	..	6	} Equivalent to 19 full-time nurses.	
Non-resident full-time	..	..	..	..	10		
Non-resident part-time		..	..	..	*2		
Queen's student nurses:—							
Resident	..	..	..	..	1		
State registered nurses:—							
Non-resident full-time	..	..	..	..	1		
Nursing orderly:—							
Non-resident part-time		..	..	..	1		

\* One of these nurses held the experimental combined post described in the section on health visiting.

### 3. Cases nursed during the year

The following table shows the source of new patients during the year:—

General practitioners	..	..	..	..	2,099
Hospitals..	..	..	..	..	113
Direct application	..	..	..	..	99
Other sources	..	..	..	..	9
					<hr/>
					2,320
					<hr/>

The number of cases nursed and visits in different categories and ages is shown in the table on page 40.

### Comments on these figures

New cases nursed during the year show a reduction of 208 compared with 1956, and the total visits paid a reduction of 6441.

The detailed table of visits (set out according to the requirements of the annual return to the Ministry) shows the following features:—

(a) Only 808 visits were paid to 103 children under 5 years of age. No specialized service for this age group seems necessary.

(b) Visits to tuberculous patients fell by nearly 1000 compared with 1956. The 1956 figure was 2000 less than that for 1955. This drastic reduction of 3000 visits in two years is evidence of the gratifying reduction in tuberculosis in the community.

(c) Visits to patients over 65 years of age accounted for 36,547 out of a total of 54,835—i.e. 67% compared with 64% in 1956.

### 4. Types of treatment given

Pending a generally accepted classification of treatments given, the same standardized method has been used locally in 1956 and 1957. One patient may receive two or more types of treatment, so the total number of treatments exceeds the total number of visits paid—in 1957 by 4,331.

The following table shows the treatments given in 1956 and 1957:—

Injections						1956	1957
(1) Insulin	..	..	..	..	..	7,430	6,188
(2) Streptomycin	..	..	..	..	..	4,666	3,500
(3) Penicillin	..	..	..	..	..	11,488	9,797
(4) Any other injections			..	..	..	9,225	10,172
Blanket baths	..	..	..	..	..	5,744	6,225
Enemas	..	..	..	..	..	498	422
Dressings	..	..	..	..	..	8,983	7,671



Changing of pessaries .. .. .	141	197
Washouts, douches, catheterizations, etc... ..	752	829
General nursing care .. .. .	16,999	13,574
Attendance at minor operations .. .. .	9	1
Any other treatment.. .. .	393	590
	<hr/>	<hr/>
	66,328	59,166
	<hr/>	<hr/>

## 5. The value of the service in relieving the pressure on hospital beds

Scrutiny of the records of patients nursed during the year shows that 111 of them would have needed hospital care if a district nurse had not been in attendance. These patients can be classified as follows:—

	<i>Over 65 years of age</i>	<i>Under 65 years</i>
Medical .. .. .	70	24
Surgical .. .. .	7	7
Miscarriage .. .. .	—	3
	<hr/>	<hr/>
	77	34
	<hr/>	<hr/>

There were 16 cases of cancer in each of these two age-groups.

In addition a number of patients were nursed at home for a time but were later admitted to hospital. It is not possible to estimate retrospectively the saving of hospital beds which this achieved.

Another way in which pressure on hospital beds is relieved is by providing nursing care for surgical patients after early discharge from hospital. When opportunity arises, general practitioners and ward sisters are reminded that skilled nurses, well able to cope with post-operative dressings, are available.

As a matter of policy the nurses and the relatives of patients are encouraged to nurse at home the aged sick and the incurable whenever adequate care can be given.

## 6. Training school

Three courses of training for the Queen's Roll were held during the year. The examination was taken by 15 students. Of these 14 passed at the first attempt, two of them gaining credits in their practical examination and one of them a credit in her theoretical work. One external student failed her written examination.

The fifteen students who took the examination were classified as follows:—

Classification of patients nursed during the year

	Number of cases attended during year			Total cases	Number of visits paid during year			Total visits
	Under 5 at 1st visit	Over 65 at 1st visit	All other ages at 1st visit		Under 5 at 1st visit	Over 65 at 1st visit	All other ages at 1st visit	
Medical .. ..	65	1,136	1,073	2,274	419	31,058	12,177	43,654
Surgical .. ..	38	131	164	333	389	5,030	2,421	7,840
Infectious diseases	—	—	4	4	—	—	39	39
Tuberculosis ..	—	7	70	77	—	459	2,728	3,187
Maternal complications	—	—	21	21	—	—	115	115
	103	1,274	1,332	2,709	808	36,547	17,480	54,835

Patients (included in the above table) who have received more than 24 visits during the year:—

<i>Patients</i>	<i>Visits</i>
496	37,671

Staff students (under contract to work for the City for a year after the examination) .. .. .	8
Students sent by other Local Health Authorities* .. .. .	7
	<hr/>
	15
	<hr/>

\* Students came from Berkshire, Buckinghamshire, West Sussex, North Riding and Westmorland.

## 7. Refresher courses and conferences

The superintendent attended the Annual Conference of Training Home Superintendents, and the assistant superintendent went to London for a four day course on "Lifting and Posture". One nurse went to London for a five day refresher course run by the Royal College of Nursing.

## 8. Dermatitis among district nurses

For the fifth successive year no new cases of sensitivity to antibiotics occurred among the nursing staff.

## 9. Loan of nursing equipment: co-operation with the British Red Cross Society

The central nurses' home and the two branch homes continued to keep a small stock of nursing equipment to lend to patients.

The British Red Cross Society (Oxfordshire Branch) responded most generously to the district nurses' request for gifts of old linen. Gratitude is also due for the co-operation of the Society in providing medical equipment on loan to patients so promptly and efficiently. In one instance a heart table was required for a patient in a double bed. Though not in stock this was obtained and delivered within forty-eight hours. The Society has also helped the district nurses by providing visitors for the sick and aged.

In the financial year 1957-58 the City Council again paid the Society a grant of £100, together with £50 for the renewal of equipment. Details of the equipment loaned in the City during 1957 are as follows:—

<i>Article</i>	<i>Total</i>	<i>Article</i>	<i>Total</i>
Air beds .. .. .	15	Commodes (chairs) .. .. .	24
Air rings .. .. .	145	Commodes .. .. .	54
Baby scales .. .. .	2	Cradle .. .. .	25
Back rests .. .. .	135	Crutches .. .. .	29
Bed blocks .. .. .	16	Elbow crutches .. .. .	4
Bed pans .. .. .	145	Electric bells .. .. .	2
Bed pans (rubber) .. .. .	17	Electric pads .. .. .	1
Bed tables .. .. .	5	Feeding cups .. .. .	13
Bowls .. .. .	2	Fracture boards .. .. .	3
Carrying chair .. .. .	1	Heart table .. .. .	1



Kidney dishes	...	...	5	Walking aids	...	...	1
Pulleys	...	...	3	Water pillow	...	...	1
Scales	...	...	1	Waterproof sheets	...	...	163
Spectacles	...	...	1	Wheel chairs	...	...	120
Sputum cups	...	...	1				—
Sticks	...	...	2				989
Urinals	...	...	52				==

The total loans to City patients were 114 less than in 1956.

### (f) NURSING HOMES

The following Nursing Homes were on the register at 31st December, 1957:—

					<i>No. of beds available</i>
Acland Home, Banbury Road	..	..	..	..	32
Castle Nursing Home, 7 Davenant Road	..	..	..	..	3
Restholme, 230 Woodstock Road	..	..	..	..	7
St. John's Home, St. Mary's Road	..	..	..	..	60
St. Luke's Home, Linton Road	..	..	..	..	17
					—
					119
					==

A total of 11 inspections were made by members of the staff to registered premises. Three inspections were made to St. Luke's Home before it was registered on 30th October, 1957.

### (g) CONVALESCENCE

Recuperative holidays were arranged for 36 patients during 1957, 3 of whom were recovering from tuberculosis.

The accommodation provided was attractive and comfortable. Most of the patients were able to recuperate at Convalescent Homes situated on the south coast; a few, not able to undertake a long journey, spent a fortnight in the country.

All applicants were assessed for payment according to income. Convalescent Home fees were paid in full for 24 patients, 14 of whom also received travelling expenses. 9 patients made some contribution towards the fees and 3 patients were able to pay in full.

The total cost to the Council was £264 10s. 8d.

Recommendations were received as follows:—

General practitioners	..	..	..	..	..	20
Hospital patients	..	..	..	..	..	16
						—
Total	..	..	..	..	..	36
						==

Patients were accommodated at the following Homes:—

				<i>Men</i>	<i>Women</i>	<i>Children</i>
All Saints Home, Eastbourne	..	..	..	1	—	—
Bell Memorial Home, Lancing	..	..	..	—	8	—
Brook Lane Rest Home, Brighton	..	..	..	—	1	—
Catherine House, St. Leonard's	..	..	..	—	1	—
Channel View Nursing Home, Deal	..	..	..	—	2	—
Hollydene, Bournemouth	..	..	..	2	—	—
Kirk's Home, Birchington	..	..	..	—	1	1
Lennox House, Southsea	..	..	..	—	4	3
Maitland House, Frinton	..	..	..	—	1	—
Rest Haven, Exmouth	..	..	..	1	2	—
St. John's Home, Weston Favell	..	..	..	1	2	—
St. Joseph's Home, Bournemouth	..	..	..	1	—	—
St. Luke's Home, Exmouth	..	..	..	—	1	—
St. Raphael's Home, Torquay	..	..	..	—	1	—
Webb's Home, Margate	..	..	..	—	1	—
Woodlands, Ryde, I.o.W.	..	..	..	—	1	—
				—	—	—
Total	..	..	..	6	26	4
				=	=	=

### (h) HEALTH EDUCATION

The most valuable form of health education is considered to be the individual discussion and advice which is given by the doctors, dentists, health visitors, midwives, district nurses, public health inspectors, welfare officers, mental health officers and other members of the Health Department during their daily duties. Attention is also drawn to health matters by means of posters and pamphlets at clinics, and by the distribution of pamphlets by Health Department staff. Talks and demonstrations illustrated by filmstrips or slides have been given by members of the Department and each request for a speaker has been met. Senior members of the Health Department have again taken part in the formal instruction of medical students, health visitors, district nurses, midwives, hospital student nurses and nursery nurses.

The public health inspectors have continued to give lectures to school-leavers on such subjects as housing, environmental hygiene, domestic pests and food hygiene. The report of the Chief Public Health Inspector refers to other aspects of health education (particularly in relation to food hygiene and clean air) which have been organised by his Section.

#### Mothercraft Classes

During 1957, three courses of instruction in mothercraft were held



at the two centres, Bury Knowle and Donnington. Attendances at the three sessions were as follows:—

				Bury Knowle		Donnington	
				<i>On</i>	<i>Total</i>	<i>On</i>	<i>Total</i>
				<i>Register</i>	<i>Attendance</i>	<i>Register</i>	<i>Attendance</i>
Course I							
January—March	..	..		14	69	8	30
Course II							
April—July	..	..	..	11	51	12	50
Course III							
September—December	..			15	85	21	81

### Smoking and Cancer of the Lung

During 1957, one of the School Medical Officers, Dr. W. Wigfield, visited eight senior schools where he lectured and stimulated discussion on this subject amongst the children.

In March, 1958, the following comprehensive appraisal of the present situation with regard to smoking and lung cancer was presented to the Health Committee of the Council by the Medical Officer of Health:—

“The increased incidence of lung cancer now constitutes a major ‘epidemic’. In the last 5 years, 179 Oxford citizens have died from this disease compared with 62 deaths from tuberculosis, 58 from motor accidents, 20 from influenza, and none from poliomyelitis.

Accumulating evidence from this and many other countries reveals an undoubted association between lung cancer and cigarette smoking. In the introductory letter to my Annual Report for 1953, I gave the opinion that there was sufficient evidence to justify a warning of the risk attendant on excessive smoking; a risk which appears to increase with the amount smoked, particularly of cigarettes.’ Similarly, in 1955, I advised that ‘the only sensible conclusion that could be drawn from the available evidence was that youngsters should be discouraged from starting to smoke, that heavy smokers should make a serious and sustained effort to cut down, and that all tobacco addicts should have regard to the fact that pipe smoking carried less risk than cigarette smoking.’

Again, in 1956, after reporting an increase in deaths from lung cancer, both in males and females, I observed that ‘if adults are unable or unwilling to heed the obvious warnings and reduce their own consumption of tobacco they should at least do their best to discourage children from starting this unhealthy habit.’

At the end of June, 1957, Ministry of Health Circular 7/57 was received, together with a copy of the statement made by the Medical Research Council. The latter ended with the following conclusions:—

1. A very great increase has occurred during the past 25 years in the death rate from lung cancer in Great Britain and other countries.



2. A relatively small number of the total cases can be attributed to specific industrial hazards.
3. A proportion of cases, the exact extent of which cannot be yet defined, may be due to atmospheric pollution.
4. Evidence from many investigations in different countries indicates that a major part of the increase is associated with tobacco smoking, particularly in the form of cigarettes. In the opinion of the Council, the most reasonable interpretation of this evidence is that the relationship is one of direct cause and effect.
5. The identification of several carcinogenic substances in tobacco smoke provides a rational basis for such a causal relationship.'

I have given most careful thought to this difficult problem. I have read many articles, attended several meetings, and sought and obtained the opinion of representatives of the local doctors and teachers. All are agreed that steps should be taken to try and persuade adults to stop or cut down their smoking habits and to prevent children from starting to smoke. The duty of the Local Health Authority is to publicise the facts, leaving it to each individual to decide what action to take. The facts are as stated in the report of the Medical Research Council and much publicity has already been given to this document.

The Medical Research Council statement has been discussed by the Local Medical Committee, and the following resolution passed unanimously:—

'The Local Medical Committee accept the statement of the Medical Research Council and support any appropriate action directed towards discouraging young people starting to smoke and persuading smokers to reduce their tobacco smoking, particularly of cigarettes.'

This strong expression of opinion from the representatives of family doctors in the City should help materially to influence public opinion.

With regard to children, something can be done through the schools to discourage smoking, but any such propaganda in the form of talks, posters, pamphlets, etc., will be of little avail without the practical support of parents and teachers. This question was discussed at a recent meeting of the Oxford Branch of the National Association of Head Teachers. and it was accepted that teachers should try and set a good example. It was also agreed that, if teachers felt compelled to smoke on the school premises, they should do so only in the seclusion of the staff-room and on no account in the form-room. The games-staff have a special responsibility in this matter and, by their own example, should discourage children from smoking, in order to keep fit. The personal attitude of Youth Leaders to smoking will similarly have great influence with adolescents. However, the greatest influence for or against smoking will come from parents; if one or both parents smoke heavily in the home, then not only is this

bad for their own health, but they are setting a very unfortunate example to their children. No amount of propaganda against smoking outside the home is likely to have much influence if parents encourage the habit within the home. If parents feel unable to stop smoking themselves, they should at least do their utmost to discourage their children from starting to smoke.

There is a need for stricter control over the sale of cigarettes to juveniles, but such a negative approach to this problem can only be expected to have a minor effect compared with the personal attitude of parents and teachers."

### (i) DOMICILIARY OCCUPATIONAL THERAPY

The service has worked smoothly throughout the year. The number of patients visited has continued at about 100; the number and length of visits being determined by the needs of individual patients.

This year many more general practitioners have been aware of the service and have used it accordingly. A letter detailing the occupational therapy given is sent to the family doctor of each patient treated.

Visits to tuberculous patients are still many, but the very long term chronic tuberculous patient is now in the minority. So far as occupational therapy is concerned, the emphasis has changed from having many bed-ridden patients to coping with those who are ambulant but not able to do a full-time job. To accommodate these patients and others, the Wednesday afternoon class at The Laurels has become increasingly valuable. The patients enjoy being together after the comparative isolation of their homes, and the exchange of ideas, widening of interests, and standards of work has been very noticeable.

The following table shows the range of disabilities treated:—

Tuberculosis	..	..	..	..	..	..	..	34
Bronchiectasis, Emphysema, etc.	..	..	..	..	..	..	..	20
Hemiplegia and Paraplegia	..	..	..	..	..	..	..	10
Heart Disease	..	..	..	..	..	..	..	8
Epilepsy	..	..	..	..	..	..	..	4
Osteomyelitis	..	..	..	..	..	..	..	4
Schizophrenia	..	..	..	..	..	..	..	2
Ulcerated Legs, Spinal Caries, Head Injuries, Congenital Deformities, Hodgkins Disease, Post-Operative Cases, etc.	..	..	..	..	..	..	..	15

With regard to gadgets and aids needed for the housewife and other orthopaedic cases returning home, the assistance of a technician in the Occupational Therapy Department at the Churchill Hospital has helped enormously. The Therapist has designed the aid needed and given measurements and instructions to the technician. A great deal of money has been saved this way as these aids can be very expensive when bought



from an official firm and are quite beyond the ordinary housewives' income.

The annual Craft Competition prize-giving was held at the Osler Pavilion on the 29th May. Many more people came than anticipated. The competition is very popular with both City and County patients and next year it is hoped to obtain larger premises so that more people may be accommodated.

Many local authorities have now started domiciliary occupational therapy services and talks have been given at Wolverhampton, London and Birmingham, concerning setting up of new schemes. Various authorities have written to Oxford asking for advice, and help has been given in every case.

The weekly conference at the Chest Clinic and the co-operation of the Consultant Chest Physician and his staff have been invaluable.

40 residents at The Laurels received occupational therapy during the year. The patients are seen by the Assistant Occupational Therapist and have greatly benefited.

The most important link in the rehabilitation of the long term patient is the retail shop in Little Clarendon Street. Over 700 articles were sold over the year. They ranged from dish cloths to large woven rugs.

#### **(j) CO-ORDINATING COMMITTEE for CHILDREN NEGLECTED or ILL-TREATED IN THEIR OWN HOMES**

This Committee, under the Chairmanship of the Children's Officer, met on 8 occasions during the year—making a total of 47 meetings since it was first constituted.

Before each meeting the members of the Committee notify the Children's Officer of the cases (other than those on the list for the last meeting) which they wish to have discussed. The full list (together with the names of families from the previous meeting about whom progress reports are to be given) is then circulated a week or so before the meeting, to enable members to collect all available information.

During the year 65 full discussions of families took place. Many of these had been discussed before, but not at the last meeting. The sources from which they were referred were as follows:—

Health Department	..	..	..	..	..	..	24
Housing (Standing) Sub-Committee	..	..	..	..	..	..	14
Children's Department	..	..	..	..	..	..	9
City Police	..	..	..	..	..	..	5
Education Department	..	..	..	..	..	..	4
Moral Welfare Worker	..	..	..	..	..	..	2
N.S.P.C.C.	..	..	..	..	..	..	1



Town Clerk's Department	..	..	..	..	..	1
Multiple sources	..	..	..	..	..	5
						—
						65
						==

In addition to these full discussions (an average of about 8 per meeting) the Committee heard reports on the progress of families discussed at the previous meeting in 87 instances (an average of about 11 per meeting) during the year. This represents a full afternoon's work. The nature of the problem precludes spectacular results; nevertheless it is rewarding work and this is due to the co-operative attitude of all the members, combined with the able chairmanship of Miss Simpson, the Children's Officer. It is a matter of regret that she is leaving Oxford early in 1958—she will be greatly missed.

In a considerable proportion of the cases one of the problems was failure to pay rent for a council house, with the resulting threat of eviction. When it seems suitable the Assistant Children's Officer is asked to undertake concentrated case work with these families with a view to helping them manage their financial matters more wisely. These efforts have met with considerable success; during the 4 years that this arrangement has been in operation, no family with young children has been evicted from council property, with the exception of two instances in which the Co-ordinating Committee has deemed it in the best interests of the children for them to be taken into care. To facilitate this work the Housing Committee decided in July 1957 that the Assistant Children's Officer should attend one meeting a month of the Housing (Standing) Sub-Committee at which serious rent arrears are considered.

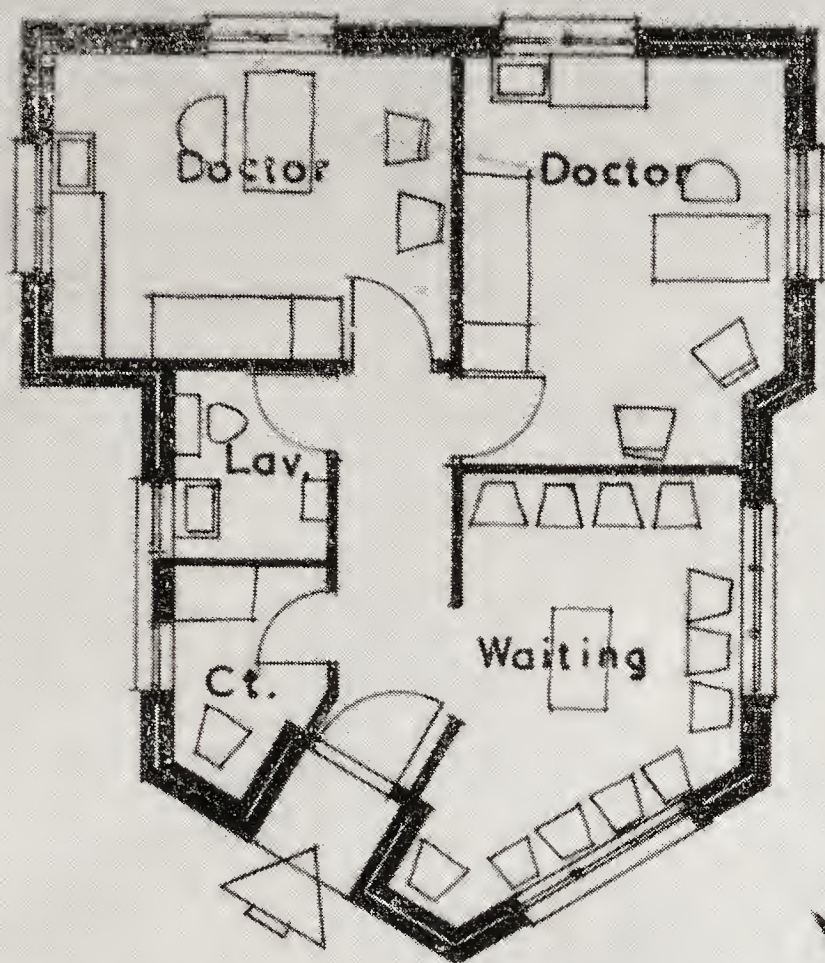
Case conferences of the individual workers concerned, including the family doctor, were held on two occasions.

### (k) GENERAL PRACTITIONER SURGERY PREMISES

Early in 1955, representatives of the Health and Housing Committees of the City Council and of the Executive Council and Local Medical Committee met to discuss the problem of the provision of general practitioner services on new housing estates. The first outcome of this meeting was an arrangement by which six general practitioners hired the new local authority clinic premises on the Northway Estate for branch surgery purposes. This was the only building suitable for such purposes on this relatively small estate and the arrangement has worked to the satisfaction of all concerned.

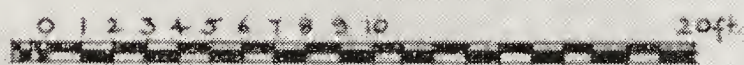
A similar problem arose on the Minchery Farm Estate with a population of about 2,000. As in the case of the Northway Estate, practically all the residents were already on the list of city practitioners, although





Ct. : Caretaker.

Scale,



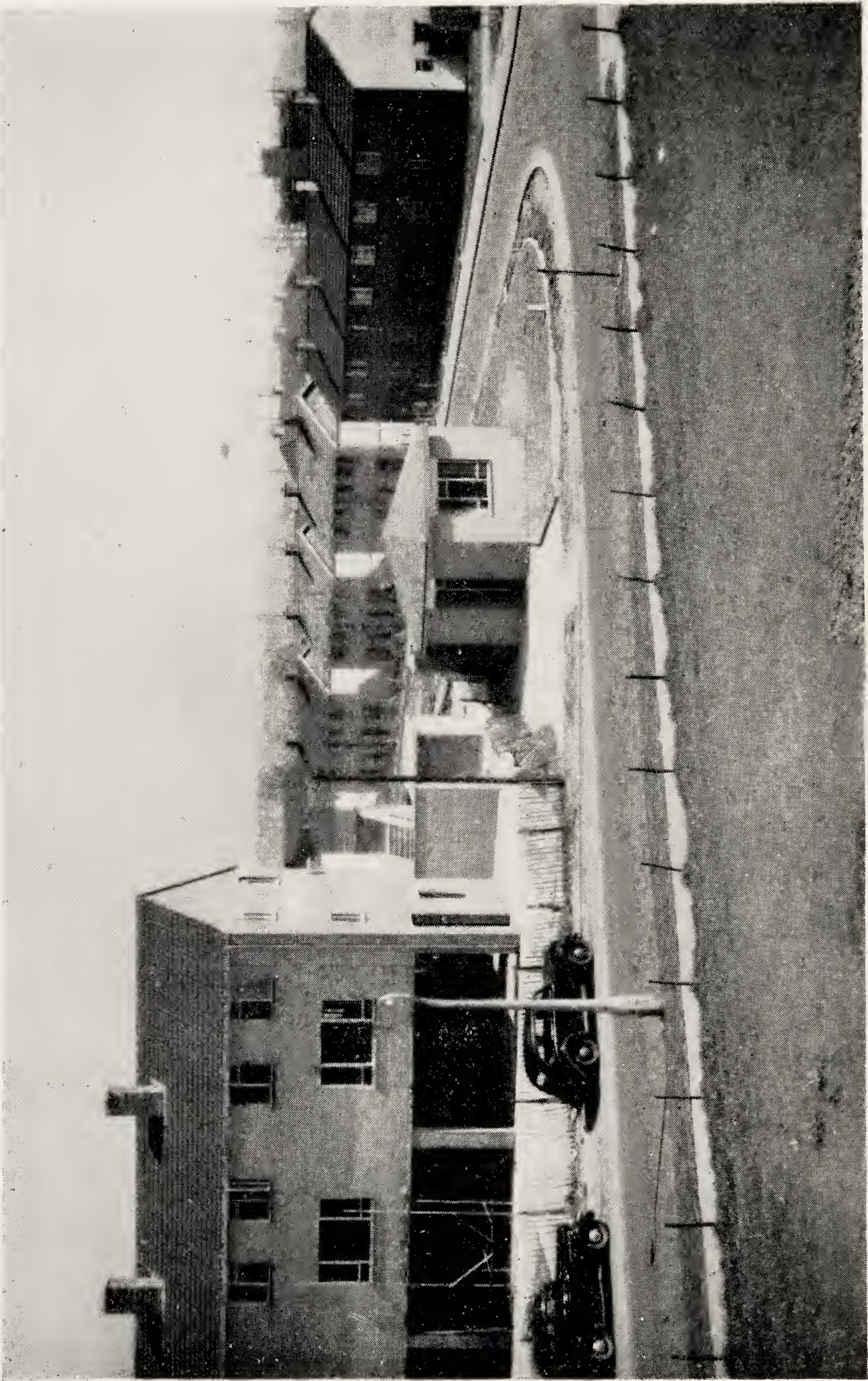
Plan



# SURGERY BUILDING MINCHERY FARM ESTATE.

E.G. Chandler, ARIBA, MTPI,  
City Architect,  
Town Hall, Oxford.





GENERAL PRACTITIONER BRANCH SURGERY PREMISES



many were now an inconvenient distance away from their doctor. It was therefore agreed by all concerned that there was no justification for the declaration of a practice vacancy and that the needs of the estate could best be met by the provision of a branch surgery at which only existing city practitioners could see their patients living in the area. On this estate, however, there was no existing building suitable for this purpose and, eventually, the Housing Committee agreed to build a branch surgery as part of a scheme for the provision of a row of shops on the estate. The Housing Committee stated that they were only willing to undertake this project if a sufficient number of doctors indicated their willingness to hire the premises to make the scheme self-supporting. All doctors were circularised and six partnerships agreed to hire the premises for a total of twelve surgery sessions each week. (A seventh partnership joined the scheme later.)

The premises, which were opened on 1st January, 1958, are small, but it is hoped, adequate. They comprise a waiting-room for twelve patients, two consulting rooms, sanitary accommodation and a caretaker's lobby. Full consultation with the doctors taking part in the scheme was maintained throughout the planning, building and equipment stages.

The cost of the premises, plus equipment, was about £2,000, and the running costs are estimated to be between £400 and £500 per annum. An inclusive charge of 15/- per surgery session is being made to cover rent, rates, heating, lighting, caretaking, cleaning and telephone.

No difficulty was experienced in drawing up a timetable for the attendance of doctors and, at the time of writing this report, the scheme has been working very smoothly for three months.

## SECTION IV

### INFECTIOUS DISEASES AND INFESTATION

#### (a) EPIDEMIOLOGY

##### Scarlet Fever

29 cases (24 in children under the age of 10) were reported during the year. The disease continued to be of the extremely mild character typical of recent years.

Routine typing of all throat swabs giving a growth of  $\beta$ -haemolytic streptococci Group A was continued. Of 101 swabs examined, 14 (14%) were shown to be infected with Type 12, but no complication is known to have occurred in any of these cases.

##### Diphtheria

For the eighth successive year, no case of diphtheria occurred.

##### Typhoid and Paratyphoid Fevers

No case of either of these diseases was notified during the year.

##### Poliomyelitis

6 cases of poliomyelitis (all paralytic) were notified during the year. This compares with 2 cases in the preceding year and 16 cases during 1955.

The first 3 cases, all occurring in the latter half of August, were particularly severe. A 6 year old boy became ill 9 days after having some dental extractions and developed a bulbar palsy for which he was treated by intermittent positive pressure respiration at the Churchill Hospital Respiration Unit. He was eventually discharged to the Nuffield Orthopaedic Centre. The rapid development of bulbar palsy and laryngeal spasm in a German girl aged 21, who already had paralysis of all limbs and respiratory muscles, resulted in her death four days after the onset of illness. A girl aged 12 who developed severe paralysis of all limbs is still being treated in the Nuffield Orthopaedic Centre.

In September a 20 months old baby developed paralysis of one leg. The 2 remaining cases, both in young adults, occurred in November, paralysis being confined to the lower limbs.

## **Virus meningitis**

During July, August and September an outbreak of presumed virus meningitis occurred in the city. 18 such cases exhibited meningeal signs and 9 other contacts of known cases suffered from a similar illness but without meningeal signs. Children were affected much more frequently than adults, 22 of the 27 cases being aged under 15. The commonest manifestations were pyrexia, headache, severe vomiting, neck or spinal rigidity, sore throat, limb pains, abdominal pain and dizziness. Several had a fleeting erythematous or maculo-papular rash on face or trunk.

Epidemiological studies among the affected families showed that the infectivity of the disease was fairly high among children in close contact with one another, 30% of family contacts being affected in this outbreak. The incubation period was from 4 to 13 days. In every instance of known contact between the two forms of the illness, it was always the case without meningeal involvement that was the first to occur.

Of the 12 meningeal cases admitted to the Slade Hospital, 11 were submitted to an immediate lumbar puncture and all had cerebro-spinal fluid with raised protein and increased cells. Faecal specimens collected from a few cases as soon as possible after admission were subjected to Hela cell culture but no virus was isolated. Serological studies are not yet complete.

## **Meningococcal infection**

2 cases of meningococcal meningitis were reported, both in young children. Recovery in each case was rapid and complete.

## **Measles**

1,220 cases of measles were notified during the year. The majority of cases occurred in the winter epidemic which started in October, 1956, and continued until March, 1957. 28 cases only, involved persons over school age.

## **Whooping cough**

Whooping cough notifications reached 213, a higher figure than in the previous two years. One death attributed to whooping cough occurred in a baby aged 7 months.

1953	367 cases
1954	302 cases
1955	90 cases
1956	29 cases
1957	213 cases



### Bacillary dysentery

127 cases of dysentery were notified during the year. One of these was an infection with *Shigella boydii*, contracted in East Pakistan six days earlier. The remaining cases were due to infection with *Shigella sonnei*.

Compared with the 527 cases notified during the previous year the 1957 epidemic of Sonne dysentery was not remarkable. Nevertheless, infection was wide-spread amongst children, no fewer than 21 schools being affected. The majority of cases (94 of all ages) occurred during the cold weather in the first three months of the year. As in 1956, children of primary school age formed the most heavily involved group, comprising over 50 cases.

In assessing this as a small epidemic it must be remembered that no attempt was made to search out symptomless excretors of the organism as in other years. Instead, more reliance was placed upon clinical criteria when deciding upon the preventive measures to be adopted. Children were allowed to return to school one week after cessation of diarrhoea, and symptomless contacts were not subjected to bacteriological examination unless they were children at nursery school or were adult food handlers.

### Food poisoning

The number of food poisoning notifications was 21 (24 ascertained) a welcome drop from the 154 and 119 notifications for 1956 and 1955 respectively. The following organisms were isolated from notified cases:—

Salmonella typhi-murium	..	..	..	11
„ heidelberg	..	..	..	3
„ newport	..	..	..	2
„ (unidentified)	..	..	..	1
Clostridium welchii (heat resistant)	..	..		4

The cases of *S. typhi-murium* infection involved seven different households. Warmed up sausage which had been cooked two days previously seemed a likely vehicle of infection in one case. The unidentified *Salmonella* infection appeared to have been acquired when the patient was in Chile.

In 2 cases of infection with *S. heidelberg* the onset of symptoms occurred while the children concerned were inpatients together in the same hospital ward. The source of infection was not traced. One case of infection with heat resistant *Clostridium welchii* in a canteen worker was attributed by her to the consumption of pease pudding but this was not proved.

## Summary of Outbreaks of Food Poisoning which occurred in 1957

### 1. *Outbreaks due to identified agents:—*

Total outbreaks—1. Total cases—6.

Outbreaks due to:—

(a) Chemical poisons	..	..	..	..	Nil
(b) Salmonella organisms	..	..	..	..	Nil
(c) Staphylococci (including toxin)	..	..	..	..	Nil
(d) Cl. botulinum	..	..	..	..	Nil
(e) Other bacteria—Clostridium welchii	..	..	..	..	1

### 2. *Outbreaks of undiscovered cause:—*

Total outbreaks .. .. . Nil

The only outbreak of food poisoning which occurred in 1957 was in February and affected canteen workers at New Marston County Primary School. 6 cases were ascertained, 3 being proved bacteriologically to be infected with heat resistant *Clostridium welchii*. Beef dripping appeared to be the vehicle of infection. The dripping from joints cooked on one day was added to a partially used dish of dripping kept in the larder. Bread and dripping taken from this dish were consumed on the following day by all those affected. In each case symptoms commenced about eighteen hours later. No pathogens were isolated from the remaining dripping.

## Influenza

The pandemic of influenza, due to the Asian type virus, which started in the Far East early in the year, had spread to the United Kingdom by July and its presence in Oxford was observed during the second week in September. General practitioners began to diagnose occasional cases about this time, but it was amongst residential communities, such as hospital nursing staff and boarding schools, that the disease first attained serious epidemic proportions.

The new weekly claims for sickness benefit, recorded by the Ministry of Pensions and National Insurance, showed a rise of 46% during the week ending 24th September, and about the same time attendances at maintained schools began to fall. The highest figure for new sickness benefit claims and the lowest attendance rate at the schools occurred simultaneously during the third week of October, indicating the peak of the epidemic. By the second week in November, the number of new sickness benefit claims had fallen considerably, and the school attendance rate had returned to within normal limits.

Rough calculations, based on the number of new sickness benefit claims and school attendance rates during the epidemic, suggest that about 25% of the population of Oxford City were affected at one time or another. This assessment is supported by a group of general medical practitioners who kept accurate records of the number of patients attended for influenza.



Five deaths (all in the last quarter of the year), were registered as due to influenza, and mortality from bronchitis and pneumonia rose during the same period.

During October and November, vaccine designed to give protection against Asian type influenza, became available for hospital medical and nursing staffs, general medical practitioners, and persons on the Local Authority staff who care for the sick in their own homes, but it arrived too late to have any real effect on the course of the epidemic.

A more detailed account of some of the data obtained during this epidemic, and its comparison with other years, now follows:—

(a) *Weekly New Sickness Benefit Claims.*

The following graph illustrates the trend in the number of new weekly sickness benefit claims for 1957 compared with certain previous years.

It can be seen that the peak figure for the new claims in 1957 occurred during the third week in October, a seasonal incidence which contrasts markedly with the other recent outbreaks of influenza. The graph also shows that the number of claims at the peak for 1957 exceeded by one-third the peak for 1951, which was the last outbreak of any magnitude experienced in Oxford.

(b) *School Attendance Rates.*

The table below shows the percentage average attendance for the maintained schools in Oxford over the period when the epidemic was most prevalent:—

*Oxford School Attendance Rates,*

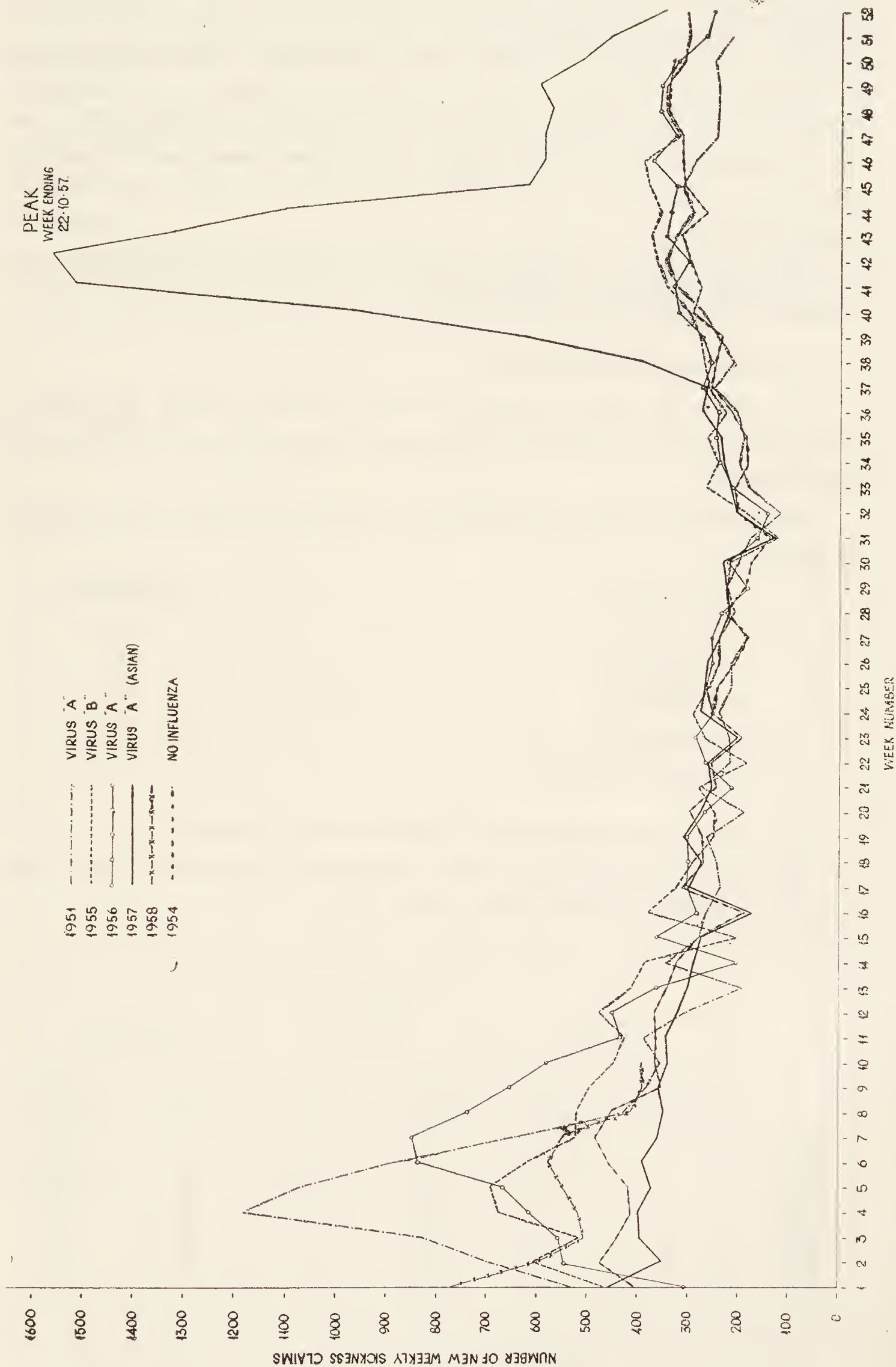
*September—November 1957.*

(School population: 14,200 approx.)

<i>Week ended</i>				<i>% Attendance</i>
September	13	..	..	95.6
„	20	..	..	94.2
„	27	..	..	90.3 Fall commencing
October	4	..	..	85.8
„	11	..	..	76.9
„	18	..	..	74.7 Lowest attendance
„	25	..	..	79.7
November	1	..	..	86.7
„	8	..	..	92.3 Return to normal
„	15	..	..	93.7
„	22	..	..	92.9



SICKNESS BENEFIT CLAIMS - OXFORD AREA - POPULATION 120,000 APPROX



The lowest attendance recorded coincides very closely in time with the peak figure recorded for the new sickness benefit claims, showing that the adult working population and the maintained-school population of the City were both heavily affected at the same time. Closer study of the individual schools showed that, in general, secondary school children appeared to be more heavily affected first, followed by children in junior and infant schools a week or so later. One junior school and the open air school closed during the week ended 18th October, owing to shortage of pupils and staff.

The lowest figure recorded for school attendances was lower than the corresponding figure for January, 1951.

(c) *Pneumonia Notifications.*

A total of 71 cases of pneumonia were notified during the year, of which 26 occurred in October, and no less than 20 between the 8th and 22nd October.

The following is the age-analysis for the 26 pneumonia cases notified in October:—

<i>Age group</i>						<i>Notifications</i>
0—4 years..	..	..	..	..	..	2
5—14 years	..	..	..	..	..	4
15—44 years	..	..	..	..	..	8
45—64 years	..	..	..	..	..	7
65 years and over ..	..	..	..	..	..	5

(d) *Deaths due to Influenza, Pneumonia and Bronchitis.*

The following table gives the comparative mortality from these conditions during the last seven years:—

	Deaths from					
	Influenza		Bronchitis		Pneumonia	
	Total for year	Last quarter	Total for year	Last quarter	Total for year	Last quarter
1951	20	Not available	51	Not available	50	Not available
1952	—	—	49	—	59	—
1953	9	1	58	11	61	13
1954	1	—	36	10	50	9
1955	4	2	38	7	42	12
1956	6	5	53	13	43	7
1957	5	5	51	21	76	30

It is seen that in 1957, 5 deaths were registered as due to influenza, 76 as due to pneumonia and 51 as due to bronchitis. In 1951, the last

year in which a substantial epidemic of influenza was experienced in Oxford, 20 deaths were registered as due to influenza, 50 as due to pneumonia and 51 as due to bronchitis. Considering the very widespread nature of the 1957 epidemic, the mortality due to respiratory conditions was low.

The 5 deaths due to influenza occurred during or soon after the peak period of the epidemic and all involved persons aged over 65.

### **Summary**

A very widespread and unseasonal epidemic. Cases were mild with proportionately few complications. Mortality was slight and proportionately rather lower than in the last major influenza epidemic in 1951.



# NOTIFIABLE INFECTIOUS DISEASES SINCE 1938

DISEASE	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	175	145	218	219	252	444	275	304	122	115	76	115	39	76	102	136	35	23	24	29
Erysipelas ...	37	24	52	47	36	39	42	32	19	22	25	33	24	15	18	20	21	16	1	10
Puerperal	45	76	107	167	138	95	96	73	72	53	49	77	53	64	126	117	105	149	116	93
Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	4	12	11	4	8	20	9	7	16	36	59	83	18	13	18	47	47	37	64	65
Pemphigus neonatorum	—	—	—	—	—	—	—	2	10	15	17	9	2	3	1	2	—	1	—	1
Diphtheria ...	17	35	32	35	24	14	11	—	5	14	2	1	—	—	—	—	—	—	—	—
Measles ...	—	43	1808	1442	52	1695	136	2199	114	904	1472	1141	986	1294	461	2376	13	1001	888	1220
Whooping Cough ...	—	22	61	997	61	599	575	244	178	772	573	240	586	741	71	367	302	90	29	213
Pneumonia ...	68	38	121	126	109	109	57	97	87	79	60	76	79	96	64	91	71	81	65	71
Poliomyelitis—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic	35	1	1	28	1	1	7	3	1	22	9	19	7	4	4	6	2	13	1	6
Non-paralytic	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	3	1	—
Acute Encephalitis—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective ...	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—
Post-infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	4	—
Meningococcal infection	14	3	54	28	12	12	5	2	5	13	4	2	—	4	2	5	3	6	—	2
Typhoid Fever	3	3	1	—	5	2	—	—	—	—	1	—	2	—	—	—	—	1	1	—
Paratyphoid	—	—	2	6	1	—	—	1	—	7	1	—	2	—	—	—	2	2	—	—
Bacillary Dysentery	11	—	—	22	80	44	28	171	9	13	26	16	30	255	68	79	233	66	526	127
Amoebic Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Food Poisoning	38	—	—	1	—	—	—	42	3	9	13	27	10	21	40	25	37	119	154	21
Malaria ...	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—

# CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital	Cowley Road Hospital	Eye Hospital
Scarlet Fever ..	—	—	2	—	—
Puerperal Pyrexia ..	91	1	—	—	—
Ophthalmia neonatorum	62	—	—	—	2
Pemphigus neonatorum	1	—	—	—	—
Measles ..	2	2	18	—	3
Whooping Cough ..	—	—	4	—	—
Pneumonia ..	4	—	11	—	—
Poliomyelitis— -paralytic	—	1	4	—	—
Meningococcal Infection	1	—	1	—	—
Bacillary Dysentery ..	2	—	9	1	—
Food Poisoning ..	—	—	7	—	—
	163	4	56	1	5

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1957

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS.													TOTAL NUMBER OF CASES IN EACH WARD						
	At all ages	Under 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	S'town & W'lver- cote	North	West	South	East	Head- ington & M'ston	Cowley & Iffley
Scarlet Fever ..	29	—	1	1	2	2	18	5	—	—	—	—	—	3	—	1	2	—	19	4
Erysipelas ..	10	—	—	—	—	—	—	—	—	3	1	5	1	—	1	3	1	3	2	—
Puerperal Pyrexia ..	93	—	—	—	—	—	—	—	8	69	15	—	—	—	91	—	1	—	1	—
Ophthalmia neonatorum	65	65	—	—	—	—	—	—	—	—	—	—	—	—	64	—	1	—	—	—
Pemphigus neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Measles ..	1220	30	101	119	171	179	546	46	2	19	6	1	—	144	158	116	153	88	395	166
Whooping Cough ..	213	23	14	20	23	19	101	8	—	4	1	—	—	22	15	31	18	19	84	24
Pneumonia ..	71	1	2	1	—	1	8	3	3	12	5	18	17	3	14	11	7	11	18	7
Poliomyelitis Paralytic	6	—	1	—	—	—	1	1	—	3	—	—	—	1	2	—	1	—	2	—
Meningococcal infection	2	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—
Bacillary Dysentery ..	127	1	5	2	4	11	47	23	9	9	7	8	1	2	4	15	1	25	57	23
Food Poisoning ..	21	3	2	—	—	1	2	1	1	2	3	3	3	—	2	—	1	9	5	4
	1858	124	127	143	200	213	724	87	23	121	38	36	22	175	352	177	186	155	585	228

NOTIFIABLE DISEASES



## (b) THE SLADE HOSPITAL (Infectious Diseases Department)

The arrangement by which the Medical Officer of Health with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. A. G. Ironside, M.B., Ch.B., continued as Resident throughout the year, and the following report prepared by him is included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department:—

“There were 509 admissions to the 36 infectious disease beds of the Slade Hospital during 1957. Of these, 263 were male and 246 were female. During the last 9 years the totals have varied from 335 to 556, so that 1957 was a busy year.

During the year there were 3 major outbreaks of disease which were reflected in admissions. In the beginning of the year there was measles; during the summer months, lymphocytic virus meningitis; and in the late months, “Asian” influenza.

Cases were admitted for either medical or social reasons. While the social cases require relatively little in the way of nursing or medical care, the cases admitted as medical emergencies can demand a great deal of both.

Emergencies quite commonly seen included such cases as dehydrated infants with gastro-enteritis, acute septicaemias, fulminating pneumonia, and deteriorating cases of poliomyelitis. These demand a great deal from the nursing staff, and it is greatly to the credit of the Assistant Nurses, several of whom are married women continuing to work, that although sadly lacking in numbers at times, they coped well with every emergency.

As in previous years, a wide variety of acute disease was seen, and the fact that the wards consist entirely of single cubicles or 4-bedded wards, makes it simple to deal with this.

To turn to the individual disease categories:—

### **Measles** (53 admissions)

Many of the cases were uncomplicated and about half of them were admitted from Children's Homes and Paediatric Wards in Oxford. The complications included 10 cases with pneumonia, 3 with otitis media and 1 with convulsions. All the cases recovered completely although several of the pneumonia cases were severe. Usually it was found that the pneumonia developed when the measles rash was fading and it was noted that the cases responded slowly to chemotherapy. Lobar pneumonia predominated.

The similarity between measles and its complications and influenza and its complications was quite striking and the phrase “influenza with spots” seems an apt description of measles.

## Meningitis

Sporadic cases of virus meningitis occur all the year round, but during the summer there was a marked increase in the number. In all, 38 cases were admitted, the majority of them during the summer months.

25 cases admitted during the summer were singled out for special study.

The cases were characterised by a fairly severe febrile illness lasting usually from 4 to 8 days, with marked headache and vomiting as the main symptoms. Less common symptoms were drowsiness, sore throat, abdominal pain, limb pains, photophobia and dizziness. The characteristic physical findings were fever, with neck and spinal rigidity. Less common findings were congestion of the fauces, and in about a third of the cases, a macular rash of short duration. One unusual feature was the finding of generalised lymph node enlargement in 8 cases and enlargement of the spleen in 4 cases.

The C.S.F. showed the usual lymphocytic pleocytosis and a raised protein in most cases.

Many of the cases had virological investigation done, but apart from one case proved due to leptospira icterohaemorrhagia, all other serological investigations for glandular fever, mumps, poliomyelitis and other virus were negative, and no virus could be isolated on stool culture.

Only one case of tuberculous meningitis was admitted; a young woman who was transferred to the Osler Hospital and who made an excellent recovery.

There were 5 cases of purulent meningitis admitted and all made rapid recoveries. They comprised 3 cases of meningococcal infection, one of pneumococcal and 1 of H. influenza infection.

The case of influenzal meningitis was treated with chloromycetin only and made a satisfactory complete recovery.

## Influenza

In the late part of the year, Asian influenza reached Oxford and was responsible for 42 admissions, some, such as undergraduates living in digs, for social reasons, others as emergencies. The uncomplicated cases were quite mild, but many complicated cases were seen.

The milder complications included nose-bleeds, laryngitis, sinusitis and bronchitis.

There were 15 cases of influenzal pneumonia. These included several very acute fulminating cases, and happened sometimes in healthy people and sometimes in people who already had chests damaged by such conditions as chronic bronchitis, bronchiectasis and mitral stenosis. However, the commonest type of pneumonia seen was lobar pneumonia, coming on when the influenzal illness was almost over.

Staphylococcus aureus was isolated from several of the more severe cases.

One unusual feature was noted in the white cell counts. When this



was done in the first few days of the illness it was found in 8 out of 13 cases tested that there was a low white cell count, with a particularly marked neutropenia. The polymorph count varied from 300 to 2,000 in these cases. It is of interest that this sort of white cell count has not been seen in influenza since the great 1918 epidemic.

The present epidemic was very similar in many ways to the epidemic in 1918 and it seems very fortunate that there was not the appalling number of fatal pneumonia cases that there was then.

#### **Glandular Fever (35 admissions)**

This continues to be a common disease. 1 case was complicated by a haematemesis and 2 pregnant women who developed the disease both had miscarriages.

#### **Non Specific Gastro-Enteritis (31 cases)**

This continues to be a common condition, particularly in infancy, but even in adults 2 out of 12 cases required intravenous drip for dehydration.

Of the 19 cases in infants, 6 were clinically dehydrated and 2 of these required immediate intravenous drips.

1 infant, who had been flown home from a British military hospital in Cyprus, was admitted with gastro-enteritis due to an agglutinable *E. Coli* Type O111B4. On arrival he was an ill, marasmic, dehydrated child, but with prolonged drips and treatment he eventually made a complete recovery.

#### **Whooping cough (23 cases)**

17 of these were under 2 years and 13 were under 1 year. All the infants were treated routinely with terramycin. One quarter of the cases had some pulmonary collapse but only one suffered from permanent lung damage. Other complications seen were convulsions and otitis media.

#### **Acute chest infections (23 admissions)**

Half of these were acute lobar pneumonia. 1 old man over 70 died after 3 days' treatment.

The others were cases of broncho-pneumonia and tracheo-bronchitis, mostly in the very young and very old.

#### **Paralytic poliomyelitis (22 admissions)**

4 of these cases developed complicated respiratory conditions. 3 requiring tracheotomy were transferred to the Churchill Respiratory Unit. The fourth, a young woman, developed bulbar weakness while in the "iron lung" and died from sudden spasm of the larynx.

1 case each of bulbar poliomyelitis and encephalitis made complete recoveries.



1 woman who developed the disease in late pregnancy had her baby on the ward.

Only a few of the remaining cases will have a really permanent handicap from their paralysis.

From several cases a Poliovirus Type I was isolated.

With the main vaccination scheme taking place in the spring of 1958, perhaps we have seen the last epidemic of paralytic poliomyelitis, at least among children.

### **Mumps** (20 admissions)

In 3 cases the parotitis was complicated by meningoencephalitis. There were 2 cases of orchitis.

### **Dysentery** (19 admissions)

There were 18 admissions of the Sonne type and one of the Flexner type.

### **Non-specific virus infection**

No fewer than 16 admissions achieved this rather unsatisfactory diagnosis.

### **Upper respiratory infection** (16 admissions)

9 were in adults and 7 in infants. Again, this is a vague clinical entity with probably several different causes.

### **Scarlet Fever** (11 admissions)

2 were "surgical" scarlet fever, but all very mild.

### **Chicken-pox** (10 admissions)

All were mild apart from one boy with meningo-encephalitis, who soon recovered.

### **Infective hepatitis** (9 admissions)

These were all mild and eventually recovered.

### **Salmonella enteritis** (9 admissions)

This infection followed a trend noted in the past—that while healthy young adults (here 6 cases) suffered only misery and discomfort for a few days, anyone who was previously handicapped was liable to be hard hit. In such case, a frail old woman, over 70, infected with *Salmonella* Heidelberg, was dehydrated and had a very low blood pressure on admission. She became anuric and remained in this state for no less a period than 10 days, before beginning a complete recovery.

Another young woman, who was 39 weeks pregnant, became infected with *Salmonella* Typhi-murium. She, too, was found to have a very low blood pressure and a profound biochemical upset, and became anuric for

a period of 3 days. A few days later she gave birth to her baby in the ward. In spite of immediate separation, the baby developed diarrhoea 3 days after birth, and was also found to be infected by *Salmonella Typhimurium*. However, it had a mild illness and soon recovered.

**Erysipelas** (6 admissions)

All recovered.

**Rubella** (6 admissions)

All mild.

**Puerperal sepsis** (2 admissions)

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There were 4 deaths in the infectious disease wards during the year.

Apart from the cases of lobar pneumonia and bulbo-spinal poliomyelitis already mentioned, 1 old man was admitted with deep jaundice and died in a coma the following day. He was found at post mortem to have a sub-hepatic abscess following gallstones and septicaemia. 1 elderly woman died of subarachnoid haemorrhage.

There has been an opportunity for observing the effects of cortisone in a few of the infectious diseases. This is a very difficult problem as properly controlled trials are quite impossible and particularly in very acute emergencies, clinical impressions are all that can be offered. Here are 3 cases illustrative of the best results seen:—

1. A young man with mumps developed a particularly severe orchitis, causing great pain and swelling, with severe prostration and temperatures of 105°F. With oral prednisolone, the swelling, pain and fever abruptly settled in less than 12 hours. While still on treatment, a few days later the other testicle became involved but this was only a shadow of the previous illness.

Two questions, of course, impossible to answer are (a) was it cortisone or coincidence that abruptly terminated the first illness, and (b) did cortisone promote in any way the second involvement, but from the clinical assessment it did seem effective.

(2) A young woman with meningococcal septicaemia and meningitis. During the previous 24 hours she had rapidly become very ill, with headache, vomiting, marked drowsiness and mental confusion. On admission, she had a high temperature, looked very ill, and had a widespread purpuric rash, some of the spots being as large as a finger nail. Lumbar puncture confirmed diagnosis. In addition to penicillin and sulphonamides, she was treated with intravenous hydrocortisone. With this she made a most remarkable recovery, being afebrile and sitting up in bed, feeling well and hungry in only 8 hours.

This type of recovery was repeated almost exactly in another similar case. Again, it was felt that hydrocortisone had contributed not a little to this recovery.



(3) An infant of 8 weeks with "double pneumonia". On admission he was cyanosed and very ill. He was put in an oxygen tent and treated with massive doses of penicillin and streptomycin. However, after some initial improvement he deteriorated, became limp, cold, cyanosed and grey, and appeared to be dying. He was given hydrocortisone into a scalp vein, and within 15 minutes he was bright pink and moving in a lively fashion. He continued with cortisone by mouth. Although he could not be taken out of oxygen without becoming cyanosed for the next 3 weeks, he is now on his way to a complete recovery. In this case the staff watching felt that the effect of the cortisone was a little miracle !

### Summary of admissions to the Infectious Diseases Wards at the Slade Hospital during 1957

	<i>Admissions</i>	<i>Deaths</i>
Measles .. .. .	53	—
Influenza .. .. .	42	—
Virus meningitis .. .. .	38	—
Glandular fever .. .. .	35	—
Gastro-enteritis (non-specific) .. .. .	31	—
Whooping cough .. .. .	23	—
Pneumonia .. .. .	19	1
Poliomyelitis .. .. .	22	1
Mumps .. .. .	20	—
Dysentery .. .. .	19	—
Non-specific virus infection .. .. .	16	—
Upper respiratory tract infection (non-specific) .. .. .	16	—
Tonsillitis .. .. .	14	—
Scarlet Fever .. .. .	11	—
Chicken pox .. .. .	10	—
Infective hepatitis .. .. .	9	—
Salmonella infection .. .. .	9	—
Erysipelas .. .. .	6	—
Rubella .. .. .	6	—
Post-infectious encephalitis .. .. .	5	—
Asthmatic bronchitis .. .. .	4	—
Laryngo-tracheo-bronchitis .. .. .	4	—
P.U.O. .. .. .	3	—
Herpes zoster .. .. .	3	—
Febrile rash (unknown origin) .. .. .	3	—
Meningococcal infection .. .. .	3	—

There were 2 cases of each of the following:—

Appendicitis and peritonitis, osteomyelitis, subarachnoid haemorrhage (1 died), urinary infection, otitis media, puerperal sepsis, hysterical paralysis, and quinsy.



There were single cases of each of the following:—

Brain abscess, congestive heart failure, breast abscess, benign tertian malaria, malignant malaria, sulphonamide anuria, type I nephritis, suppurative parotitis, T.B. hip, weils disease, acute rheumatic fever, simulated fever, convulsions, hench Schonlein purpura, pulmonary tuberculosis, primary tuberculosis, tuberculous meningitis, pneumococcal meningitis, influenzal meningitis, herpetic stomatitis, uraemia, coryza, diabetes, obstructive jaundice, and septicaemia (died).

6 mothers accompanied sick babies.

3 babies accompanied sick mothers.

2 babies were born in hospital.

In 34 cases the final diagnosis was not an infection."

### (c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are:—

							<i>Proportion of whole-time</i>
Dr. F. Ridehalgh, Consultant Chest Physician to the							
United Oxford Hospitals .. .. .							3/11ths
Mrs. D. Hicks, Almoner, Chest Clinic .. ..							3/11ths
Mrs. I. Eagle and Miss G. M. Lawrence, Tuberculosis							
Health Visitors .. .. .							Whole-time
1 Clerk .. .. .							3/11ths

### Mass Radiography

#### A. 1954 Survey:

It has been previously reported that, in 1954, the mass radiography service of the Oxford Regional Hospital Board (based on Reading) carried out a survey in Oxford. A detailed analysis of the results of this survey has now been completed and can be summarised as follows:—

Total examined: 33,285.

Random sampling showed that 5,000 of these were probably resident outside the City boundary and that 12% of them had attended a mass radiography unit within the previous three years.

Table I shows the source of those examined:—

TABLE I

<i>Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
University Students .. .. .	62	10	72
School leavers .. .. .	1694	1555	3249
Organised groups (mainly industrial) ..	16432	3944	20376
General Public .. .. .	2919	6669	9588
All groups .. .. .	21,107	14,178	33,285

It is estimated that 34% of the City population was examined.

1,576 persons were recalled for a large film.

(1,520 actually attended.)

429 of the large films showed no abnormality.

611 large films disclosed some defect not meriting further action, except being reported to the family doctor. This figure includes 110 cases of inactive primary tuberculosis and 134 cases of inactive post-primary tuberculosis. Of 468 persons recalled for clinical interview, no action, except a report to the family doctor, was taken in 196. A detailed analysis of the 272 cases in which further action was recommended is given in Table II, below:—

TABLE II

Diagnosis	No. of Cases		
	Male	Female	Total
Abnormalities of bony thorax and lungs ..	1	—	1
Chronic bronchitis and emphysema .. ..	5	—	5
Pneumonia .. .. .	3	2	5
Pneumonitis .. .. .	7	3	10
Consolidation of unknown cause .. ..	—	1	1
Bronchiectasis .. .. .	8	5	13
Pulmonary fibrosis .. .. .	4	—	4
Pneumoconiosis .. .. .	4	—	4
Pneumoconiosis with tuberculosis .. ..	4	—	4
Basal fibrosis .. .. .	1	1	2
Pleural effusion (non-tuberculous) .. ..	1	—	1
Intrathoracic new growth .. .. .	*7	†1	8
Miscellaneous .. .. .	4	3	7
Tuberculosis, active, primary .. .. .	—	2	2
Tuberculosis, inactive, primary .. .. .	—	2	2
Tuberculosis, active, post-primary, unilateral	18	18	36
Tuberculosis, active, post-primary, bilateral	28	7	35
Tuberculosis, inactive, post-primary .. ..	94	34	128
No abnormality found .. .. .	4	—	4
Total .. .. .	193	79	272

\* 4 inoperable  
3 operable

† Neurofibroma

The distribution by age-group of newly-discovered post-primary tuberculosis is shown in Table III:—

TABLE III

Lesion	Sex	Age —14	Age 15—24	Age 25—34	Age 35—44	Age 45—54	Age 60+	All Ages
Active	M	—	6	17	8	13	2	46
	F	1	9	9	3	2	1	25
Inactive	M	—	2	15	28	35	5	85*
	F	—	2	10	11	10	1	34

\* 9 cases (male) not included in above table—no further action after attending Chest Clinic

In conclusion, Table IV shows the incidence of active post-primary tuberculosis expressed as the rate per 1,000 persons in each group examined:—

TABLE IV

Group	No. of Cases			Rate:1000		
	Male	Female	Both	Male	Female	Both
School leavers .. ..	—	1	1	—	0.6	0.3
Industrial .. ..	37	12	49	2.3	3.2	2.4
General Public .. ..	9	12	21	3.1	1.8	2.2
All groups .. ..	46	25	71	2.2	2.1	2.2

#### B. 1957 Survey:

Mention was made in last year's Annual Report of another survey by the mass radiography unit, carried out in Oxford during six weeks early in 1957. The preliminary analysis is given in the following tables:—

Table I shows the source of those examined:—

TABLE I

Group	Male	Female	Total
School leavers .. ..	1874	1698	3572
Organised groups (mainly industrial) .. ..	18298	4475	22773
General public .. ..	2125	4315	6440
All groups .. ..	22,297	10,488	32,785

Table II shows the Group Distribution of active post-primary tuberculosis:—

TABLE II

Group	No. of Cases		
	Male	Female	Total
Industrial .. ..	31	5	36
General public .. ..	3	2	5
All groups .. ..	34	7	41



TABLE A

## New Cases and Mortality during 1957

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ...	—	—	—	—	—	—	—	—
1— ...	—	—	—	—	—	—	—	—
2—4 ...	1	—	1	—	—	—	—	—
5—9 ...	—	1	—	—	—	—	—	—
10—14 ...	1	1	—	—	—	—	—	—
15—19 ...	2	5	—	—	—	—	—	1
20—24 ...	5	3	2	—	—	—	—	—
25—34 ...	11	7	1	1	—	—	—	—
35—44 ...	11	3	—	1	—	—	—	—
45—54 ...	12	3	—	—	—	1	—	—
55—64 ...	4	1	—	1	3	—	—	—
65 and over ...	10	3	—	1	1	—	—	—
Totals ...	57	27	4	4	4	1	—	1

TABLE B

## Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1938	81	30	111
1939	98	23	121
1940	111	43	154
1941	113	42	155
1942	126	58	184
1943	103	46	149
1944	129	29	158
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105
1957	84	8	92

REPORT BY DR. F. RIDEHALGH, CONSULTANT CHEST PHYSICIAN TO THE  
UNITED OXFORD HOSPITALS

The general picture of tuberculosis is that of a disease which has practically ceased to be a fatal one, and of a slow but apparently steady decrease in morbidity. Relapse has become a rarity. The so-called "good chronic" is no longer turned out of sanatorium to spread his bacilli freely to all, to face certain relapse and probable death within a short span of years. A few chronic infective patients remain, most of them created by our innocent and inexperienced mismanagement of chemotherapy in its early days. These patients, it is true, cough up bacilli resistant to therapeutic drugs and are an anxiety both as to prognosis and infectivity. Nevertheless, they have so far not produced a crop of secondary cases in this area, and it may be that their bacilli, although present and viable, have lost at least some of their virulence. For the newly diagnosed case, although treatment is still long, the outlook is bright indeed for a return to normal life and work requiring only average common-sense and not a valetudinarian preoccupation to maintain health.

These happy results are not automatic. They require not only great care and determination in treatment, but equal determination in those disciplines of prevention, social care and above all case-finding whose worth was proved in the darker days before Streptomycin, P.A.S. or Isoniazid were discovered.

### Mortality

One case of respiratory tuberculosis diagnosed during 1957 failed to respond to treatment and died within a month of diagnosis. This man of 64 had obviously fought a losing battle for many months before seeking medical advice. He presented with gross destructive tuberculosis of both lungs and died from cardiorespiratory failure. This isolated event, regrettable as it is, should be set against a total of over 400 cases of respiratory tuberculosis discovered and successfully treated since the last death of a newly diagnosed case towards the end of 1953. I report with regret a further death of a newly diagnosed case, in this instance from tuberculous meningitis. This girl of 19 was diagnosed whilst on holiday, and died within five days, only a few hours after admission to the Tuberculous Meningitis Unit.

Two further deaths were undoubtedly attributable to respiratory tuberculosis. Both were long-standing advanced cases showing bacterial resistance to antibiotics. One man of 58 died from cardiorespiratory failure associated with extensive pulmonary and renal tuberculosis and a gastric ulcer. One woman of 46, also with gross bilateral cavernous disease of many years standing, died from a fatal haemoptysis.

In two fatal cases of pneumonia, severe respiratory insufficiency arising from extensive but arrested tuberculous fibrosis, was undoubtedly a contributory factor.



Twelve other patients on the tuberculosis register died during the year. One long-standing but arrested case of renal tuberculosis died from uraemia; the remaining causes of death were carcinoma (4 cases), leukaemia, myocarditis, coronary disease and pneumonia (4 cases), the tuberculosis not being a significant contributory factor.

### Morbidity

For the fourth year in succession there has been a fall in notifications of respiratory tuberculosis. Total notifications at 92 are 13 less than in 1956 and 40 less than in 1955. Respiratory notifications at 84 show a decrease of 10 as compared with 1956 and of 26 as compared with 1955. It would appear that Oxford is now conforming to the general pattern of tuberculosis morbidity recorded for England and Wales as a whole. It is worth noting, however, that Oxford had only 74 respiratory notifications in 1952 and 85 in 1951, so that the downward trend is by no means abrupt.

### Infectivity and Bacterial Resistance

With the exception of the fatal case of respiratory tuberculosis recorded above, all new cases leaving hospital or completing treatment during the year have become negative to culture for tubercle bacilli. Sputum conversion in young adults is usually rapidly achieved. In the older men, who form an increasing and important percentage of new notifications, more prolonged treatment is usually needed to achieve sputum conversion. This appears to be due to inaccessibility of bacteria in predominantly fibrotic lesions and not to bacterial resistance to chemotherapy. No new cases arising in Oxford showed initial bacterial resistance to chemotherapeutic drugs, although two such cases were discovered amongst the 267 respiratory cases found in the whole clinic area during the year. Bacterial resistance is still a serious and often intractable problem in the diminishing number of chronic cases who became resistant during the early days of chemotherapy. There is only one case in Oxford, known to have become infected from a disseminator of resistant organisms. This patient is still sputum positive.

### B.C.G. Vaccination

Nurses and hospital staff .. .. .	68
Dorset House students .. .. .	36
Tuberculosis contacts .. .. .	211
	<hr/>
	315
	<hr/>

The figures show a small overall increase from 310 in 1956, as more nurses were vaccinated. Contacts fell from 218 to 211.



## Health Visiting, Social and Preventive Work

The co-ordination of clinical, preventive and sociomedical work has continued on the same lines as before. Team work is immeasurably helped by the fact that the doctors, health visitors and almoners work together under the same roof, and meet specially each week, together with the occupational therapist, to review their problems. I am glad to pay tribute to the loyalty and tireless enthusiasm of all those concerned. The work of the occupational therapists, with homebound or otherwise incapacitated out-patients, is of the greatest value.

The examination of new contacts and the periodic follow-up of old contacts, both within and without the tuberculous household, has continued on the same lines. During 1957 a total of 1264 contacts were examined, with 4 notifications, and the Tuberculosis Health Visitors paid 3,585 visits to tuberculous families.

The Tuberculosis Care Committee has continued its invaluable work, and has done its best to make a more or less stationary income cover the inflated costs of all its services.

## Almoner's Report

The statistics and impression given in the doctor's report on tuberculosis make it clear that from the epidemiological aspect, the past few years have fundamentally altered the whole pattern of the disease. Statistics, however, do not reveal the great changes which have taken place in the impact of tuberculosis on the patient and his family. Until quite recently, a positive diagnosis was followed by a long wait for admission to hospital, a long period of medical treatment, and in many cases, a further period of marking time should surgical treatment be needed. The immediate outlook was precarious, a considerable degree of permanent disability was the rule rather than the exception. Some permanent reduction in living standards was therefore usually unavoidable, and the future in many cases was beset with anxiety from the risk of relapse.

Most of these bogeys have gone. Beds are immediately available and the period of incapacity during treatment has been considerably shortened. Surgical treatment is less often needed and the patient can usually take it in his stride. Even in many of the patients presenting with severe disease, the degree of permanent disability is remarkably little, and most patients can confidently expect to get back to normal life and to keep fit.

These happy results, however, do not mean that tuberculosis no longer causes anxiety and it still brings in its train a great many difficulties with which a patient needs immediate help.

The drop in income from the prevailing high wages to statutory allowances is drastic, and usually throws the home budget badly out of gear, especially at the start of the illness when the wage-earner is carrying commitments taken on in good faith and full income.

It is often possible for our Care Committee to help at this stage with final payments on hire purchase or clothing club debts. Patients are often

very reluctant to ask for help, but the length of the illness is still daunting, and a temporary lifting of some of the pressing commitments just make it possible to wade through. The Care Committee have helped just as many patients as in other years, and the money has been well spent in this way, and on the other regular requests for winter fuel, extra nourishment, etc. The income of the Committee has held its own this year thanks to the good work put in by our new organiser, and it is to be hoped the Seal Sale will expand further next year. Quite a number of our own patients responded to our appeal to sell seals for us.

Some of our long-standing cases have had periods of convalescence, which have been invaluable; for these the Health Department has taken financial responsibility. The Department has also continued to provide free milk to a number of tuberculous families, which is sincerely appreciated.

The Almoners have continued to work closely with the Resettlement Officer of the Ministry of Labour and few patients have remained out of work for long. Some have gone on rehabilitation courses. On the whole there do not seem to be so many patients who need to make a complete change of occupation as in earlier years. Two city patients are still working at Enham Alamein Colony.

There has been, as always, close co-operation within the Chest Clinic and very warm relations with both officials and voluntary workers outside the Department.

#### (d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a hospital almoner who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary for 1957 and compares this year with the three previous years. It should be noted that the figures given in this table include patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New Patients suffering from:	1957		1956		1955		1954	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis, primary ..	—	—	2	—	2	2	—	—
Syphilis, secondary	—	—	—	—	1	1	—	—
Syphilis of the nervous system .. ..	4	—	—	—	—	—	—	—
Syphilis, latent ..	7	5	10	9	9	4	16	8
Syphilis, congenital..	1	1	2	3	2	4	2	2
Total .. ..	12	6	14	12	14	11	18	10
Gonorrhoea .. ..	63	26	55	29	55	35	48	20
Other Conditions ..	146	63	179	62	149	53	134	51
Undiagnosed ..	6	4	6	5	2	3	4	3
Total new patients ..	227	99	254	108	220	102	204	84
Total attendances ..	990	450	1045	566	1049	530	1022	659



Dr. Patrick Mallam, Consultant in charge of the Special Department, when forwarding the report of Miss Jackson, Almoner, made a special plea that all medical practitioners should invariably take a smear before commencing treatment with sulphonamide or penicillin for gonorrhoea, otherwise it is quite impossible to make an accurate diagnosis and to know whether to follow up a patient as a possible case of syphilis.

Miss Jackson reports as follows:—

“The total number of new patients has dropped from 362 in 1956 to 326 in 1957. The total number of attendances was 1,611 in 1956 compared with 1,440 in 1957.

There were no cases of newly acquired syphilis. No cases of secondary syphilis and no cases of syphilis latent in the first year of infection. This compares favourably with 1956 when there were 2 cases of primary syphilis.

The total number of new patients receiving treatment for gonorrhoea rose from 84 in 1956 to 89 in 1957. The number of new male patients rose from 55 in 1956 to 63 in 1957. The figures for the females fell from 29 in 1956 to 26 in 1957.

The total number of new patients being treated for other conditions fell from 252 in 1956 to 219 in 1957. The figures for the males fell from 185 in 1956 to 152 in 1957. The figures for the females were the same as in 1956.

The pattern of the clinic this year continues to be the same as for last year. Patients who defaulted from the clinic are followed up by letter. If they fail to respond to this, then, in appropriate instances, they are visited by the Health Visitors. The Almoner has continued to have discussion with Miss Bree, the Health Visitor for the City, and Miss Henry, the Health Visitor for the County. In order to overcome any possible difficulties which might arise by patients having a follow-up letter sent to their home address, we are introducing a system by which the male patients are given a small printed slip on which they can write an alternative address at which they can be contacted by follow-up letter if necessary. This is handed to the doctor in the clinic.

The following figures show the age-groups of the men attending the clinic:—

Age	Total	Married	Single	Separated	Divorced
15—20	18	1	17	—	—
21—25	68	16	51	1	—
26—30	50	24	25	1	—
31—35	39	21	17	1	—
36—45	37	30	5	2	—
46—55	19	13	4	2	—
over 55	13	8	1	2	2 Wid:



The number of male patients from the City was 132 as compared with 57 from the County and 46 from Berkshire. This figure includes patients removed from the register in previous years who returned during the year for treatment.

The highest percentage of male patients attending the clinic were represented by the factory and labouring group. The next highest percentage was found to be in the skilled workers and the Services, and the smallest group was found to be the shop and clerical workers.

It is seen by referring to the report for 1947 that 10 years ago the Almoner was just beginning to see the male patients, and it was realised that it might be helpful for her to see them as well as the women patients. The Almoner now sees every male patient where it is thought she might be able to trace his contact or where it might be helpful to investigate the reasons which have contributed to his attendance at the clinic. In many cases it is helpful for the patient to talk things over, especially if there is the necessity of his wife attending the clinic.

It will be seen that a large number of men attending the clinic are of the labouring class. This group includes casual labourers and lorry drivers. Although these men are referred to the Almoner for contact tracing, this is hampered by their lack of information about their contact, and the encounter which led to their attendance at the clinic is usually of a casual nature and it is often impossible to trace the contact by the information given. Some of the contacts are difficult to follow up as they appear to live in London and they apparently come down to Oxford over the weekend and then return to London. However, the Almoner has a record of a number of possible contacts and where a Christian name or nickname is given it is sometimes possible to link them up with known girls, in which case, a letter is sent to the girl suggesting that she might be in need of treatment, or the Health Visitor or Women Police are asked to look out for her.

The following figures show the age groups of the women attending the clinic:—

Age	Total	Married	Single	Separated	Widow
15—20	46	2	44	—	—
21—25	30	14	14	1	1
26—30	16	9	5	1	1
31—35	8	6	1	—	1
36—45	5	5	—	—	—
over 45	4	3	—	—	1

The number of women patients from the City was 56 as compared with 29 from the County and 7 from Berkshire. This figure includes patients removed from the register in previous years who returned during the year for treatment.

The work with the women patients is more long-term because there are a number of contributory factors to their attending the clinic. Over the past year it has been found that the majority of patients in the younger age group do not appear to have good family relationships and the resultant insecurity exerts an influence on these girls.

During the year several of the "hard core" of these young girls have been put on probation and the Almoner has co-operated with the Probation Officers in working out the best way to help these girls. Several of them have been resettled in resident work. The Almoner has continued to see the parents of some of these girls because it is important that the patient should always be seen as part of a family group. There has also been co-operation with the Children's Department and the Moral Welfare Workers.

It will be seen that this year new patients were referred to the clinic in approximately the same way as last year, a small number continuing to come on the advice of friends already attending the clinic.

Patients attending of own accord	Refs. from G.P.	From other Depts. of the hospital
35	35	14
Other hospitals 5	Probation Officer 7	Health Visitor 1

As mentioned previously, the pattern of work continues to be the same in the clinic. It is apparent that there is still a group of girls who are leading irresponsible lives and who should be attending the clinic but are not doing so. Although the existence of this group is known, it is difficult to tackle the problem as regards bringing them to the clinic as there is seldom enough specific information known about any one girl which would enable the Almoner to contact her. However, co-operation with other social workers and the Police has sometimes resulted in bringing them to the clinic. It must also be remembered that improved methods of treatment contribute in reducing anxiety about infection, and it has been found that a large number of the girls attending the clinic are ignorant of the implications of venereal infection. However, the attendance among the age group of the older women is good. The Almoner aims to see the majority of patients and to give them social help and understanding over the period of their attendance which will enable them to come to a more constructive understanding of their difficulties.

The significance of Venereal Disease should be considered both from the aspect of public health and the fundamental significance of the breakdown which it suggests in family or personal relationships. The work of the clinic continues to consider the patient, both as an individual and as a member of the community."



The health visitor attached part-time to the Special Clinic has reported that during the past year 41 patients were visited. Of these 13 subsequently attended the clinic, but one did not, although she had been visited many times. Five had moved out of Oxford leaving addresses. Twenty had moved leaving no address. In two cases the wrong address was given and so they were unable to be traced. A great many ineffective visits were paid. In two cases several visits were necessary before the patient did eventually attend the clinic.

**Table showing the incidence of new cases of Venereal Disease in City Residents from 1938—1957**

	MALES		FEMALES	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1938	13	87	15	25
1939	6	44	8	9
1940	30	69	24	14
1941	33	56	33	27
1942	23	34	26	22
1943	22	24	28	34
1944	11	28	15	30
1945	11	24	12	17
1946	23	57	19	15
1947	14	26	25	10
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12

### (e) VACCINATION AND IMMUNISATION

#### 1. Vaccination against smallpox

Table showing successful vaccinations performed during the year:—

Age at date of vaccination	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Number vaccinated (primary)	941	31	26	21	62	1081
Number re-vaccinated .. ..	—	3	20	41	737	801

Of the vaccinations carried out during the year, 319 primary vaccinations and 604 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

During the year three attempts at vaccination were made on four children and two attempts on 15 children without success.



### Proportion of babies vaccinated

The number of Oxford babies vaccinated during 1957 while still under one year of age (941) expressed as a percentage of the number of live births registered in the last half of 1956 and the first half of 1957 (Oxford residents) was 66%. Corresponding figures for the last nine years are as follows:—

1949	44%
1950	45%
1951	51%
1952	57%
1953	58%
1954	62%
1955	62%
1956	61%
1957	66%

This relatively high rate is largely the result of the ease with which mothers can have their babies vaccinated at any session of all the child welfare clinics; 70% of all the primary vaccinations are carried out in this way. Among those performed in the first year the proportion is higher still. The local acceptance rate of 66% compares favourably with the national figure of 38% for 1956 (the latest year for which the figure is available).

Since the introduction of triple antigen for routine use we have tried to vaccinate against smallpox as soon as possible after the age of 10 weeks, so that the triple antigen can be started 4 or 5 weeks later. This plan has proved very satisfactory. When the vaccination is performed a firmly attached dressing is applied, so that the mother has no trouble in connection with the care of the lesion apart from keeping it dry. No serious reactions occurred during the year. One baby developed acute infantile eczema when the vaccinal lesion was well developed but made a rapid recovery with symptomatic treatment.

## 2. Immunisation against diphtheria and pertussis

The Ministry of Health Circular 8/57 suggested that the risk of provoking poliomyelitis might be reduced by (*a*) using each prophylactic material separately and (*b*) by eliminating diphtheria prophylactics containing alum. Much thought was given to this important problem and it was decided that the advantages of the continued use of triple antigen outweighed the possible disadvantages. The Local Medical Committee fully endorsed this view. The following is a summary of the present arrangements in the City:—

(1) Triple antigen (diphtheria-pertussis-tetanus) is advised for routine use as soon as possible after 3 months. This preparation is available to general practitioners free of charge at the Health Department.

(2) The same material is used for a booster dose at school entry for children who have had primary courses of protection against diphtheria and pertussis.

(3) The use of A.P.T. and P.T.A.P. has ceased completely. T.A.F. is used for booster doses for children who have not previously had pertussis or been immunised against it.

(4) Diphtheria-tetanus prophylactic is used for primary immunisation of school children.

(5) Routine immunisation proceeds throughout the year in the absence of an epidemic of poliomyelitis. Up to date it has never been necessary to curtail injections.

The following table shows the number of primary immunisations completed and the number of reinforcing injections given during 1957:—

	Age at date of final injection (as regards A) or of reinforcing injection (as regards B)						
	Under 1 yr.	1 year	2 years	3 years	4 years	5-9 years	Total
A. Number of children who completed a full course of primary im- munisation:							
(i) Triple antigen ..	993	78	20	7	9	6	1113
(ii) Combined diphtheria tetanus prophylactic and P.T.A.P.	12	21	8	12	8	88	149
Total .. ..	1005	99	28	19	17	94	1262
B. Number of children who were given a re- inforcing injection:							
(i) Triple antigen ..	—	—	5	24	79	409	517
(ii) T.A.F., & P.T.A.P.	—	—	1	4	20	199	224
Total .. ..	—	—	6	28	99	608	741

### Comments

(1) General practitioners gave 231 of the 1,262 primary courses (i.e. 18%) and 26 of the 741 reinforcing injections (i.e. 4%). All the other injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which the former procedure is available at all child welfare clinic sessions and the latter in relation to routine school medical inspections.

(2) Children receiving a full primary course of immunisation against diphtheria number 1,262, compared with 1,301 in 1956. Those receiving a full course of vaccination against pertussis number 1,113, compared with 1,018 in 1956.



(3) The exact proportion of babies immunised against diphtheria is difficult to estimate accurately. But there is a strong indication that the rate remains satisfactory and is increasing slightly. The health visitors have studied the records of children born in 1955 and still on their visiting list at the end of 1957. There were 980 such children, of whom 782 had been immunised. This gives a figure of 80%. Comparable figures for the last six years are as follows:—

1952	76%
1953	71%
1954	75%
1955	76%
1956	77%
1957	80%

Owing to the frequent movement of families from one area to another it is not considered that the "immunity index" (as calculated for the returns to the Ministry) gives an accurate picture of the situation.

(4) The exact proportion of babies protected against pertussis is not known; but with the general use of triple antigen in the City it must be about the same as the figure for diphtheria immunisation—i.e. 80%.

(5) Reactions to triple antigen are usually absent or slight. During the year only 3 children failed to complete the course owing to reactions, and in no case was the condition serious.

(6) In the absence of an intensive follow-up of all children immunised against pertussis and of all notified cases it is impossible to make a precise estimation of the protection conferred. The uncertainties of drawing conclusions from notification figures are well known; nevertheless it is considered that the figures for 1957 give a strong indication of the protective value of the vaccine. The following table shows the total notifications, and those for children known to have been immunised:—

	Under 1 year	1 year	2 years	3 years	4 years	Total
Total notifications ..	23	14	20	23	19	99
Notifications in immunised children .. ..	—	1	1	4	2	8

(The death of an unimmunised baby aged 7 months was registered as due to whooping cough. There was no history of exposure; the illness was fulminating and the postmortem report was "Bronchiolitis". The diagnosis is therefore very doubtful).

It seems safe to assume that in the last five years about 75% of Oxford babies have been immunised against pertussis. This means that in the absence of a protective action of the vaccine one would expect only 2—3 cases in immunised children under the age of 5; whereas in fact the notified cases in children for whom no immunisation record is filed numbered 91.



(7) The interval between the last injection and the onset of illness in the notified cases was as follows:—

2—2½ years	..	1
2½—3 years	..	4
3—3½ years	..	1
3½—4 years	..	1
		—
		7
		==

In addition one case was notified in which a course of triple antigen had been completed 11 months before the illness.

Pressure of work made it impossible for these cases to be investigated by a medical officer of the Health Department.

### 3. Vaccination against poliomyelitis

#### A. Children

Further supplies of British poliomyelitis vaccine became available in February 1957, and by the end of the year 1,232 children born between 1947—1954 had been given protection, i.e. almost all those registered in 1956. The vast majority of children reported a complete absence of local or general reaction, and no dangerous effects occurred.

In February 1957 the Ministry of Health authorised further registrations of children born between 1947—1954 and extended the offer to children born in 1955 and 1956. Approximately 10,000 explanatory leaflets combined with consent forms were distributed through health visitors, child welfare clinics and the maintained and independent schools. About 3,800 registrations were received during the year for children born between 1947—1954 and about 900 for children born in 1955 and 1956. This was a better response than in 1956, but it is not at present possible to calculate the proportion of eligible children who have been registered.

In November 1957, following the Ministry's decision to import Salk vaccine, the offer was extended to all children between 6 months and 15 years of age, necessitating a further distribution of leaflets. These consent forms complied with the Ministry's instruction to allow parents the choice between British and Salk vaccine. The majority of children have thus had three invitations to register. In view of the Ministry's statement that sufficient vaccine would be available to protect all children in this age group before the summer of 1958, the Health Department staff have been asked to do all they can to ensure that every child receives protection.

Injections have been mostly given at the central clinic, 60 St. Aldates', but plans for de-centralisation have been made for 1958, in view of the greater supply of vaccine. Only two general practitioners have arranged to protect children on their lists, the remainder preferring that the assistant medical officers should do the work. In an area of high population density, this is administratively more convenient.

## B. Other persons at special risk

### (i) *Medical and nursing personnel.*

The Ministry authorised the supply of vaccine for persons at special risk through caring for infectious cases of poliomyelitis, and during the year 276 persons (hospital staff and their families) were protected.

In November 1957 this offer was extended to all general practitioners, ambulance staff and their respective families.

### (ii) *Expectant mothers.*

It is known that expectant mothers are at special risk of contracting paralytic poliomyelitis, and in November 1957 the Ministry authorised their protection. Plans were made for this to be carried out at local authority antenatal clinics and by those general practitioners wishing to take part in the scheme.

Arrangements were made for the distribution of explanatory leaflets and consent forms by all medical and nursing personnel concerned with the care of expectant mothers. This work is being given first priority on supplies of vaccine.

## C. The future

It is hoped that the present method of registration can be abandoned as soon as vaccine is readily available. Mothers would then be encouraged to have their infants protected against poliomyelitis at child welfare clinics or by their family doctor just as they now do for smallpox, diphtheria, whooping cough and tetanus. If it is found that the vaccine is effective under the age of six months, it may well be preferable to offer poliomyelitis vaccine before the triple antigen at present in use.

## 4. Inoculation of travellers

During the year persons travelling abroad were given inoculations by the staff of the Health Department as follows:—

	<i>Primary immunisation</i>	<i>Re- immunisation</i>
T.A.B. . . . .	33	34
T.A.B. and anti-cholera combined . . . . .	4	10
T.A.B.T. . . . .	2	6
Anti-cholera . . . . .	7	8
Anti-typhus . . . . .	3	1
Tetanus toxoid . . . . .	9	—

## 5. Vaccination against influenza

In accordance with Ministry of Health Circular 13/57, vaccine designed to give protection against Asian type influenza was offered by the Health Department to the groups of people shown in the following table. The vaccine was received during October and the table shows the number of courses that were actually given.



					<i>Completed course</i>	<i>Incomplete course</i>
General practitioners	..	..	..	..	24	8
Health visitors	..	..	..	..	7	1
Midwives	..	..	..	..	4	—
District nurses	..	..	..	..	12	—
Staff at old people's homes			..	..	6	3
Staff at ambulance depot			..	..	18	7
Home helps	..	..	..	..	17	4
					—	—
					88	23
					<u>      </u>	<u>      </u>

### (f) RINGWORM, SCABIES AND PEDICULOSIS

#### Ringworm of the Scalp

No case was discovered during the year. The figures below show the steady decline in this condition during recent years:—

1948	55
1950	20
1952	10
1954	2
1956	0
1957	0

#### Scabies

	1950	1951	1952	1953	1954	1955	1956	1957
Total number of individual school-children treated (cases and contacts) ..	39	6	21	31	31	22	28	7
Total number of families treated .. .. .	—	—	8	15	17	12	11	5

Treatment of this condition is undertaken by one of the nursing assistants, whenever possible in the patients' own homes. Donnington Clinic is used if home conditions are inadequate. Every effort is made to treat the whole family on the same day as only in this way can eradication of the infestation be made certain.

#### Pediculosis Capitis

During the year, 31,852 personal hygiene inspections were carried out by the school nurses and out of 11,761 children inspected, 304 were found to have lice or nits in the hair. This gives an incidence of 2.58% compared with 2.64% for the previous year. 46 children were found to have been re-infected when seen at a subsequent termly inspection. Every effort

is made to detect and eradicate infestation in family contacts, but it is notoriously difficult to elicit the co-operation of some members, particularly elder sisters who have left school and who may well provide a reservoir of infection.

Certain schools which have provided an unduly high proportion of cases have been subjected to frequent re-inspection during the year, with apparent benefit if judged by the improvement seen at the last inspection.



## SECTION V

## MATERNITY AND CHILD WELFARE

REPORT BY DR. MARY FISHER,  
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Senior Assistant Medical Officer for Maternity and Child Welfare

**A. MATERNITY**  
**(including domiciliary midwifery)**

**I. Midwives practising in the area**

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Domiciliary midwives employed by the Local Health Authority .. .. .	6
(b) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals .. .. .	32
	—
	38
	==

**II. The Domiciliary Midwifery Service**

**1. General arrangements**

All the domiciliary midwifery is carried out by 6 full-time midwives employed by the City Council. Four midwives live in their own homes and two share a furnished flat provided by the City Council.

The headquarters of the service is at the Pupil Midwives' Hostel, 84, Abingdon Road, where the Supervisor of Midwives and eight pupil midwives live.

The supervisor and all the midwives have a car allowance on the essential user basis.

**2. Antenatal care for domiciliary cases**

Every mother booked for domiciliary delivery by a City midwife also books with a general practitioner under the Maternity Medical Service. Antenatal care is carried out by both doctor and midwife in close co-operation. This highly desirable "partnership" between doctor and midwife is greatly facilitated when general practitioners hold special antenatal and postnatal sessions at their surgeries. At the end of the year 7 regular weekly sessions were being held by 12 general practitioners—each session attended by a midwife or a pupil.

A few mothers still prefer to attend one of the City antenatal clinics for their routine care; but they invariably book with a general practitioner as well and see him for the second time at 36 weeks with a full report from the clinic.

The improved midwives' antenatal record card, introduced during 1956, has been a great success. This document (incorporating record of midwife's antenatal examinations, results of blood tests, any notes which general practitioner or clinic doctor care to add, gas-and-air certificate and record of labour) remains in the mother's hands throughout the antenatal period. It is thus always available at the time of labour. If the mother is admitted to hospital as an emergency, it goes with her.

Every effort is made to ensure that the full range of routine antenatal blood tests is carried out in every case. Specimens may be collected at the pathological laboratory at the Radcliffe, but most mothers find it easier to attend one of the City antenatal clinics. The following figures show the increasing number of attendances for this purpose over the last 6 years:—

1952	134
1953	224
1954	271
1955	326
1956	352
1957	617

In addition the Supervisor of Midwives took samples at the mother's home on 44 occasions during 1957 at the request of a general practitioner or midwife. There were only 3 cases during the year in which the full range of tests was not carried out in the antenatal period; two unbooked emergencies and one a late booking with premature onset of labour. One of these mothers was admitted to hospital with her baby; the other two stayed at home and the blood tests were carried out after delivery.

The marked increase in the figure for 1957 is mainly the result of a concerted effort to have the haemoglobin estimation repeated at 34—36 weeks in every case, with a view to ensuring that *no mother is ever delivered at home unless her haemoglobin level is high*.

### 3. Maternity Medical Service bookings

The distribution of bookings under the Maternity Medical Service among doctors in practice in the City was as follows:—

20—24 cases	4 doctors
10—19 cases	20 doctors
5—9 cases	13 doctors
1—4 cases	14 doctors

(This omits 3 cases booked by doctors whose practices are mainly outside the City boundary).

### 4. Work of the individual midwives during the year

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives and deliveries by medical students.

A second table gives an analysis of all the domiciliary deliveries carried out during 1957.



Table showing the work of the individual midwives during the year.

	Doctor present at delivery	Doctor not present at delivery	Mis-carriages	Total	Antenatal Visits	Nursing Visits	Postnatal Visits (i.e. after the 14th day)	Total Visits
Midwife A. (East Oxford and Marston)	9	69	—	78	1302	1775	35	3122
Midwife B. (Headington) ...	8	96	1	105	876	1819	7	2702
Midwife C. (Cowley) ...	10	93	—	103	1380	1868	10	3258
Midwife D. (South and West Oxford)	15	54	—	69	1081	1116	28	1974
Midwife E. (Summertown, Wolvercote and Northway) ...	16	58	1	75	1122	1561	14	2697
Midwife F. (North and Central Oxford and relief of Supervisor)	8	52	—	60	981	1277	14	2272
Totals ...	66	422*	2	490	6752	9416	108	16,025

\* This figure includes 2 deliveries of County patients (1 on Rose Hill and 1 on the Slade Park).

## 5. Analysis of domiciliary deliveries during 1957

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total cases .. .. .	28	38	75	345	486
Live births .. .. .	28	38	75	344	485
Still-births .. .. .	—	—	—	1	1
Twins .. .. .	—	—	—	—	—
Death of baby at home ..	1	—	—	—	1
Forceps deliveries ..	3	1	—	—	4
Emergency obstetric service	1	1	4	4	10
Baby transferred to hospital by "premature baby flying squad" .. .. .	—	—	—	2	2
Baby transferred to hospital other than by "flying squad" .. .. .	—	—	1	2	3
Mother and baby transferred to hospital .. .. .	—	—	2	1	3
Anaesthesia and analgesia:—					
(a) Pethidine .. .. .	23	18	58	124	223
(b) Gas-and-air .. .. .	26	35	73	327	461
(c) Trilene .. .. .	—	1	—	—	1
(d) Anaesthetics .. .. .	2	—	—	—	2
Antenatal care:—					
(a) General practitioner and midwife .. .. .	28	30	61	295	414
(b) Clinic and general practitioner .. .. .	—	7	12	49	68
(c) None (emergencies) ..	—	1	2	1	4
Feeding at 14 days:—					
(a) Breast entirely ..	22	31	63	296	412
(b) Breast and bottle ..	2	6	3	27	38
(c) Bottle entirely ..	3	1	6	16	26

(Deliveries of 2 County patients are not included in this table).

### Comments on the work of the midwives and on the details of domiciliary deliveries

1. The total number of deliveries increased during 1957 (488 compared with 439 in 1956).

2. The antenatal visits increased by 1678 compared with 1956. This works out at about 13.9 visits to each mother, which is well above the minimum standard laid down in the Ministry of Health's circular on antenatal care of May 1956.

3. Doctors were present at 16% of deliveries compared with 13% in 1956.

4. The forceps rate was again very low, namely 0.8%.

5. There was 1 stillbirth compared with 3 in 1956 and 7 in 1955.

6. It can be calculated from the figures that 84% of babies born at home were fully breast-fed at 14 days. This is probably higher than the national figure for babies born at home (79.6% in 1956—the latest figure for which it is available).

## 6. Patients booked for domiciliary delivery but transferred to hospital during labour

Despite thorough antenatal care, it is inevitable that abnormalities will occasionally arise during labour. Gratitude is due to the hospitals for their constant co-operation in admitting emergencies without question at a moment's notice. This facility, together with the ready availability of the emergency obstetric service, are essential for the safe conduct of domiciliary midwifery. Without this co-operation the general practitioners, the midwives and the mothers could not participate in domiciliary midwifery with confidence.

During 1957 the admission of 20 mothers occurred during labour. The reasons for admission, together with the outcome for mother and baby were as follows:—

<i>Abnormality</i>	<i>End result</i>		<i>No. of cases</i>
	<i>Mother</i>	<i>Baby</i>	
Suspected prematurity	Normal delivery	Survived	4
Antepartum haemorrhage	Normal delivery	Survived	2
Delay in 2nd stage	Caesarian section	Survived	2
Membranes ruptured 48 hours	Normal delivery	Survived	1
Uterine inertia	Forceps delivery	Stillborn	1
Delay in 2nd stage	Forceps delivery	Survived	5
Premature labour	Breech delivery	Stillborn	1
Prolapsed cord	Forceps delivery	Stillborn	1
Premature labour	Normal delivery	Stillborn	1
Brow presentation	Forceps delivery	Survived	1
Breech presentation	Breech delivery	Survived	1
			—
			20
			==

## 7. Administration of pethidine

Pethidine was given in 182 cases in which the midwife was acting on her own responsibility (i.e. 43% of cases). Corresponding figures for the last seven years are as follows:—

1951	27%
1952	48%
1953	52%
1954	56%
1955	54%
1956	51%
1957	43%

## 8. Gas and air analgesia

Gas and air is made readily available to every mother who wishes to have it. Instruction in its use is always given in the antenatal period unless the mother is already familiar with and confident in it.



During the year 96% of mothers received it. The local figure remains well above the national figure. The latter reached a record of 77% for "inhalational analgesia" in 1956. In the 20 cases in which it was not given investigation showed the reason to be as follows:—

Born before arrival of midwife	..	..	..	..	12
Rapid delivery, no time	..	..	..	..	6
Refused by mother	..	..	..	..	2
					—
					20
					==

The administration of gas and air, together with pethidine and other sedatives as required, has proved so satisfactory that it has not been considered necessary to equip the midwives with trilene.

## 9. Perinatal deaths in connection with domiciliary midwifery

Every stillbirth and neonatal death in the first week of life is fully investigated in order to assess its avoidability and to see what lessons can be learned from it.

In order to make the picture complete it is necessary to include three categories:—

- (1) Deaths at home (1 stillbirth and 1 death)
- (2) Deaths of babies born to mothers admitted to hospital as emergencies in labour (4 stillbirths)
- (3) Deaths of babies admitted to hospital after delivery at home (1 death).

There were thus 7 perinatal deaths associated with the domiciliary midwifery service, giving an overall rate of 14 per 1,000 (16 per 1,000 in 1956). This compares very favourably with the national rate of about 38 per 1,000 which has remained virtually unchanged since 1948.

Details of these 7 deaths with notes as to their possible avoidability are as follows:—

### (1) Deaths at home.

#### A. Stillbirths.

(i) *Mother aged 40.* Sixth pregnancy (3 normal deliveries and 2 early miscarriages). Regular antenatal care by general practitioner and midwife; very slight hypertension at times but normal reading at 39 weeks. No albuminuria or oedema, W.R. and Kahn negative, Rh positive. Intrauterine death 2 days before normal delivery at term. Postmortem examination:—"macerated foetus; all organs in advanced state of autolysis. No external or internal congenital anomaly seen. Cut surface of placenta normal."

*Conclusion.* Unavoidable in present state of knowledge.

#### B. Neonatal death.

(i) *Mother aged 20.* First baby. Regular antenatal care by general

practitioner and midwife. Normal pregnancy. Easy normal labour (7 hours 5 min.) at term; cord short, three times round neck. White asphyxia at birth; lived 3 minutes. Doctor present at delivery. Post-mortem showed natural development and asphyxia.

*Conclusion.* This is a baby who might have responded to intra-gastric oxygen; unfortunately the birth occurred early in the year, before this equipment was available.

## **(2) Deaths of babies born to mothers admitted to hospital as an emergency in labour.**

### *A. Stillbirths.*

(i) *Mother aged 45.* Second baby (normal delivery of first baby). Hospital delivery strongly advised on account of her age, but patient refused. Regular antenatal care by general practitioner and midwife. Normal pregnancy except for very slight hypertension. Unstable presentation during labour. Cord presentation. Emergency obstetric service called; forceps applied without success. Admitted to hospital; forceps delivery of stillborn foetus. Postmortem showed intrauterine asphyxia.

*Comment.* It is possible that the baby's life would have been saved if the mother had accepted her doctor's advice to book for hospital delivery.

(ii) *Mother aged 20.* First baby. Regular antenatal care by general practitioner and midwife. Normal pregnancy. Premature labour at 32 weeks. Admitted to hospital. Spontaneous delivery of stillborn anencephalic foetus.

*Comment.* Unavoidable.

(iii) *Mother aged 23.* First baby. Regular antenatal care at Local Health Authority antenatal clinic and booked with general practitioner under Maternity Medical Service. Normal pregnancy. Head well down in pelvis at onset of labour. Prolonged labour; admitted to hospital for uterine inertia. Forceps delivery of stillborn foetus. Postmortem showed multiple congenital abnormalities.

*Comment.* Unavoidable.

(iv) *Mother aged 20.* First baby. Regular antenatal care by general practitioner and midwife. Normal pregnancy. Premature labour at 30 weeks. Admitted to hospital; normal delivery of stillborn anencephalic foetus.

*Comment.* Unavoidable.

## **(3) Deaths of babies admitted to hospital after delivery at home**

(i) *Mother aged 30.* Third baby. Regular antenatal care by general practitioner and midwife. Normal pregnancy. Premature breech delivery at home. Baby transported to hospital by "Premature baby



flying squad". Died aged 2 hours. Postmortem showed multiple congenital abnormalities, including agenesis of kidneys.

*Comment.* Unavoidable.

## 10. Emergency obstetric service

This service, whose ready availability is essential for the safe conduct of domiciliary midwifery, operates from the Nuffield Maternity Home. It was called out to patients attended by domiciliary midwives in the City on 10 occasions during 1957 and every mother made a good recovery.

Details of the cases were as follows:—

1.	Adherent placenta, manual removal, post-partum haemorrhage and transfusion	..	..	..	..	..	..	4
2.	Adherent placenta; manual removal (no haemorrhage or transfusion)	..	..	..	..	..	..	3
3.	Post-partum haemorrhage, transfusion	..	..	..	..	..	..	2
4.	Prolapsed cord	..	..	..	..	..	..	1
								—
								10
								==

This number of "Flying Squad" calls (10 in 488 deliveries) is a rather high one. In 1956 the figure was 5 in 442 deliveries which corresponded closely with the Ministry of Health's figure of 10 per 1,000 domiciliary deliveries in a national inquiry in the second quarter of 1956.

It therefore seemed desirable to discover whether the high local figure for 1957 could be attributed to the domiciliary booking of patients in whom complications could have been predicted—on account of age, obstetrical history or anaemia.

Taking each of the four categories in turn, the findings are as follows:

### (1) *Adherent placenta, manual removal, post-partum haemorrhage and transfusion:—*

The ages of these patients were 23, 24, 29 and 36. Two were first pregnancies, the other two second pregnancies with no history of trouble in the first. Haemoglobin estimations performed between 32 and 38 weeks ranged between 85 and 112%.

### (2) *Adherent placenta: manual removal (no haemorrhage or transfusion):—*

The ages of these patients were 22, 26 and 26. One was a first pregnancy; the other two were respectively second and fourth pregnancies with no history of trouble in their previous deliveries. Two of these patients had high haemoglobin levels in early pregnancy; both took iron. Haemoglobin estimations were not repeated at 34—36 weeks because the births took place before this became a routine procedure. The third patient's haemoglobin was 87% at 38 weeks.



(3) *Post-partum haemorrhage, transfusion.*

The ages of these patients were 17 and 38. The former was an unbooked illegitimate first birth, the midwife being called after delivery had occurred. The other was a second pregnancy, with no history of trouble in the first. Her haemoglobin was 99% at 35 weeks.

(4) *Prolapsed cord.*

Patient aged 45, second baby. This case has already been described in the section on perinatal deaths in the domiciliary service. She was booked for delivery at home only because she refused to follow her doctor's advice to be delivered in hospital.

The conclusion to be drawn from the study of these records is that trouble could have been predicted in only 1 out of the 10 (the last one).

**11. Intragastric oxygen in domiciliary midwifery**

In accordance with the advice of Dr. Victoria Smallpeice, (Physician in Charge of the Children's Department, United Oxford Hospitals), each domiciliary midwife was provided with a portable "Sparklet" apparatus for the administration of intragastric oxygen for resuscitation of the asphyxiated newborn baby. The midwives received personal instruction in its use from one of Dr. Smallpeice's medical staff. The equipment was provided in September 1957 and it was used on one occasion before the end of the year. This was a case of asphyxia following a normal delivery. It is of course, impossible to say whether the infant would have survived without the administration of oxygen. But the midwife (with very long experience) considered that it was a life-saving procedure. The infant made excellent progress and has developed normally.

**12. Notifications by midwives to the Local Supervising Authority**

Despite the close partnership between doctor and midwife in the care of mothers delivered at home, the midwife is still obliged by the rules of the Central Midwives' Board to fill in a "medical aid form" when she needs the help of a doctor in cases where he is not present at delivery.

This occurred on 217 occasions during the year, and the reasons were as follows:—

(a) *Mother*

Acute hydramnios	..	..	..	..	..	1
Adherent placenta with post-partum haemorrhage	..					1
Ante-partum haemorrhage	..	..	..	..	..	5
Boil on thumb	..	..	..	..	..	1
Breech presentation	..	..	..	..	..	1
Brow presentation	..	..	..	..	..	1
Cough	..	..	..	..	..	1
Delay in first stage	..	..	..	..	..	5
Delay in second stage	..	..	..	..	..	14
Episiotomy for repair	..	..	..	..	..	8

Foetal distress	..	..	..	..	..	..	1
Miscarriage	..	..	..	..	..	..	2
Obstetric shock	..	..	..	..	..	..	1
Painful breast	..	..	..	..	..	..	5
Post-partum haemorrhage	..	..	..	..	..	..	9
Premature labour	..	..	..	..	..	..	9
Premature rupture of membranes	..	..	..	..	..	..	5
Prolapsed cord	..	..	..	..	..	..	1
Prolonged rupture of membranes	..	..	..	..	..	..	2
Pyrexia	..	..	..	..	..	..	22
Raised blood pressure	..	..	..	..	..	..	3
Retained placenta	..	..	..	..	..	..	6
Retained placenta with post-partum haemorrhage	..	..	..	..	..	..	5
Ruptured perineum	..	..	..	..	..	..	71
Secondary post-partum haemorrhage	..	..	..	..	..	..	1
Stitch abscess	..	..	..	..	..	..	1
Threatened miscarriage	..	..	..	..	..	..	3
Urinary infection	..	..	..	..	..	..	1
							186

*(b) Baby*

Asphyxia	..	..	..	..	..	..	1
Breech delivery	..	..	..	..	..	..	1
Cough	..	..	..	..	..	..	1
Cyanosis	..	..	..	..	..	..	4
Discharging eyes	..	..	..	..	..	..	18
Jaundice	..	..	..	..	..	..	1
Nasal obstruction	..	..	..	..	..	..	1
Prematurity	..	..	..	..	..	..	3
Sick baby	..	..	..	..	..	..	1
							31

*Artificial feeding*

Total notifications received	..	..	..	..	..	..	300
Bottle in place of breast:—							
Institutions	..	..	..	..	..	..	103
Domiciliary midwives	..	..	..	..	..	..	27
Bottle in addition to breast:—							
Institutions	..	..	..	..	..	..	124
Domiciliary midwives	..	..	..	..	..	..	46

**13. Care of mothers discharged from hospital during the puerperium**

Mothers are discharged home to the care of the domiciliary midwife before the tenth day only in exceptional circumstances. During the year

this occurred in 76 instances (compared with 61 in 1956 and 71 in 1955).

The reasons were as follows:—

Originally booked by midwife, but admitted to hospital for delivery .. .. .	39
To relieve pressure on beds (usually 8th or 9th day) ..	12
Compassionate grounds (baby died or stillborn) .. ..	19
Mother discharged herself against medical advice ..	6
	—
	76
	==

#### 14. Postnatal care

Every effort is made to persuade mothers to go to the doctor providing maternity medical service for a postnatal examination. If this has not been achieved by three months after delivery (the statutory limit for inclusion of the examination under the maternity medical service) an attempt is made to persuade the mother to come to an antenatal clinic.

With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March 1958 the position was as follows:—

Total deliveries in 1957 .. .. .	486
Postnatal examinations carried out .. .. .	387
Postnatal examinations not carried out .. .. .	79
Unknown .. .. .	14
Left Oxford .. .. .	6

Of the mothers in whom the result is known (albeit only according to their own statements), 80% had received a postnatal examination. This is much the same as in the two preceding years and can be regarded as fairly satisfactory. In view of the fact that much gynaecological trouble results from inadequate postnatal care and treatment, nothing short of 100% (with inspection of cervix in every case) can be regarded as entirely satisfactory.

#### 15. Training school for midwives

Part II pupil midwives from the Churchill Hospital continued to receive their three months' training with the domiciliary midwives, all of whom are approved to act as teachers by the Central Midwives' Board. The pupils live in the hostel at 82/84 Abingdon Road, which is in charge of the supervisor of midwives. In addition to their practical work on the district they attend child welfare clinics for instruction. During the year 29 pupils were admitted. The C.M.B. Part II examination was taken by 21 pupils, all of whom passed at the first attempt. Pupils attended 352 deliveries on the district (included in the table of deliveries attended by domiciliary midwives).

At the request of the Central Midwives' Board two midwives from



overseas (one from South Africa and one from Australia) were accepted in order to gain practical domiciliary experience.

16. Training of medical students in domiciliary midwifery

Medical students from the Radcliffe attended 62 domiciliary deliveries during the year, compared with 43 in 1956 and 24 in 1955. They expressed their gratitude for this opportunity to widen their experience of midwifery.

17. Postgraduate education of midwives

The supervisor attended a course in "Mothercraft" and two midwives attended recognized postgraduate courses—all of which were organized by the Royal College of Midwives. The staff also attend lectures arranged by the local branch of the College. Apart from these activities they are constantly stimulated and kept up-to-date with current ideas by the medical students and pupil midwives whom they teach.

III. Institutional Maternity Accommodation

Accommodation was provided in the main by the Nuffield Maternity Home and by the Churchill Hospital maternity department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1951	1952	1953	1954	1955	1956	1957
Hospital deliveries ... ..	843 (57%)	850 (57%)	895 (60%)	857 (61%)	860 (63%)	866 (63%)	924 (65%)
Private Nursing Home deliveries ... ..	129 (9%)	102 (7%)	89 (5%)	67 (5%)	73 (5%)	65 (5%)	22 (1%)*
Domiciliary deliveries ...	511 (34%)	533 (36%)	519 (35%)	475 (34%)	436 (32%)	436 (32%)	484 (34%)

\* The only private maternity home closed during the year.

The number of visits paid by domiciliary midwives in order to assess the suitability of home conditions for a normal delivery was greater than in the preceding three years, as shown by the following figures:—

1950	427
1951	320
1952	357
1953	274
1954	228
1955	209
1956	193
1957	248

The following table shows the source from which these patients were referred in 1957 and the results of the investigations:—

Source from which patient referred	Nuffield Maternity Home	Churchill Maternity Department	General Practitioners	Total
	54	26	168	248
Recommended for hospital delivery.. ..	32	17	86	135
Home confinements arranged .. ..	22	8	78	108
Miscarried .. ..	—	—	1	1
Left district .. ..	—	—	2	2
Unable to trace .. ..	—	1	1	2
	54	26	168	248

Home confinements were arranged in 44% of the cases compared with 35% in 1956, 37% in 1955 and 44% in 1954.

#### IV. Notifiable infectious diseases associated with childbirth

##### (1) Ophthalmia neonatorum

During the year 65 cases were notified, 1 of which occurred in a domiciliary confinement.

##### (2) Puerperal pyrexia

Of the 93 cases notified during the year, 1 occurred in a domiciliary confinement.

##### (3) Pemphigus neonatorum

One case occurring in an institutional confinement was notified during the year.

#### V. City Antenatal Clinics.

The steady fall in the attendance for full antenatal care at City Clinics continued.

The table below does not include 7 postnatal attendances, nor the 617 attendances made solely for the purpose of blood tests. If these are included the average attendance per session was 8.7.

#### Attendances at the City antenatal clinics 1957

Clinic	First attendances	Re-attendances	Total attendances	No. of sessions	Average attendances
Headington	29	195	224	50	4.48
East Oxford	21	237	258	52	4.96
St. Aldate's	27	193	220	51	4.31
Totals	77	625	702	153	4.59

## VI. Maternal deaths

No maternal death occurred during the year.

## VII. Ministry of Health Circular 9/56 on Antenatal Care

A meeting of representatives of all the groups concerned with the practice of midwifery was held in November 1956. There was general agreement on the Ministry's memorandum on antenatal care. Observations on particular points were recorded and a report was circulated to all general practitioners and to the medical and midwifery staff of the City Health Department. As the main points of the Ministry's memorandum have been recognized and practised in this area for many years it has not been felt necessary to hold further meetings.

## VIII. Birth Control

The City Council continues to hold a weekly clinic, for patients in need of advice on medical grounds, at the Radcliffe Infirmary.

During 1957 there were 71 new patients and 418 re-attendances.

### Medical indications in new patients

Pulmonary tuberculosis	..	..	..	..	..	2
Tuberculous husband	..	..	..	..	..	2
Poor general health	..	..	..	..	..	1
Poor health associated with frequent pregnancies					..	33
Psychological conditions	..	..	..	..	..	6
Recent toxæmia of pregnancy		..	..	..	..	2
Rhesus incompatibility	..	..	..	..	..	4
Bronchiectasis	..	..	..	..	..	2
Epilepsy	..	..	..	..	..	1
Cardiac disease	..	..	..	..	..	2
Hypertension	..	..	..	..	..	1
Gynaecological conditions	..	..	..	..	..	2
Recent Caesarean section	..	..	..	..	..	3
Recent post-partum hæmorrhage	..	..	..	..	..	1
Bad obstetric history	..	..	..	..	..	2
Rhesus incompatibility and radical mastectomy	..	..	..	..	..	1
Mental illness of husband	..	..	..	..	..	2
Repeated toxæmia	..	..	..	..	..	1
Anaemia	..	..	..	..	..	1
Leg ulcers in recent pregnancy	..	..	..	..	..	1
Retinal thrombosis	..	..	..	..	..	1
						—
						71
						==

### Source of new patients

General practitioners	..	..	..	..	..	16
City antenatal clinics	..	..	..	..	..	3
Child welfare clinics	..	..	..	..	..	13



Health visitors .. .. .	30
Midwives .. .. .	1
Chest clinic .. .. .	2
Radcliffe Infirmary .. .	1
Nuffield Maternity Home ..	1
Churchill maternity department ..	1
Another patient .. .. .	2
Ashhurst clinic .. .. .	1
	—
	71
	==

**Results** (i.e. condition when last seen in 1957, grouped according to year of first attendance).

First attended in:—	1937—1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	Total
1. Not pregnant, method satisfactory	14	6	7	12	8	11	10	29	39	50	186
2. Pregnant:—											
(a) Admitted failure to follow instructions .. ..	—	—	—	1	1	—	2	2	4	8	18
(b) Claimed to have followed instructions .. ..	—	—	—	—	—	—	—	—	2	2	4
(c) No information obtainable		—	—	—	—	—	—	—	1	—	1
3. Not pregnant but discharged:—											
(a) Failure to attend regularly ..	—	—	—	—	—	—	—	1	—	—	1
(b) No longer medical grounds for advice .. ..	—	—	—	—	2	2	4	1	2	1	12
(c) Personal reasons	1	—	—	—	—	—	1	—	2	—	4
(d) Menopause ..	8	1	—	2	2	—	—	—	—	—	13
(e) Hysterectomy	1	—	—	—	—	1	—	—	—	—	2
4. Left district, not pregnant when last seen ..	1	—	—	—	—	—	1	1	7	7	17
5. Pregnant on first attendance ..	—	—	—	—	—	—	—	—	—	3	3

### Comments

It is impossible to give complete details of the results in a table, because a number of patients attend for two or more spells with intervening pregnancies. Only patients attending continuously from the time they first came have been included in the table, except for those becoming pregnant during the year. The latter are included in order to record *all* failures. Of the 18 patients who became pregnant through admitted failure to follow instructions, 6 had become pregnant on one or more other occasions since their initial attendance. They are entered under the year in which their last spell of attendance began. Similarly 2 of the 4 “un-

explained failures" had had previous pregnancies since their initial attendance. There must always be a large element of doubt as to the real cause of these "unexplained" failures.

It will be seen from the "source of new patients" and from the nature of their "medical indications" that many of the new patients are over-burdened over-fertile mothers who have been referred by the preventive health services, notably by health visitors. These women are in great need of help and many of them need more than the mere provision of a clinic. If they have several young children and live in an outlying part of the City, it may be impossible for them to come to the clinic in person to collect replacements. We therefore send supplies by post on request—this was done on 73 occasions in 1957. In addition the health visitors delivered supplies on 33 occasions, while relatives or friends called at the clinic and collected them on 16 occasions.

## B. CHILD WELFARE

### I. Premature Babies

During 1957 there were 83 live births of premature babies weighing  $5\frac{1}{2}$  lbs. and under and 11 stillbirths. (Corresponding figures for 1956 were 77 live births and 17 stillbirths). Their weights, place of birth and survival are shown in tabular form.

#### Comments

(i) The 83 live-born premature babies represent 5.9% of the 1409 registered live-births to Oxford residents occurring in the City. This is again below the national figure, which has remained 7% from 1953—1956. It would be pleasing to claim that the relatively low local figure reflects good social conditions and good antenatal care. Unfortunately this is not justifiable, since there is reason to believe that the national figure is inaccurate.

(ii) Of the total 21 registered stillbirths to Oxford residents occurring in the City, 11 were premature. This is in keeping with the national finding that about half all still-births are premature.

(iii) The figures show that the policy has again been followed of arranging that as many as possible of the premature births should take place in hospital. Only 12 of the 83 took place at home. Of these, 9 nursed at home survived 28 days, while 2 of the 3 admitted to hospital survived 28 days—the one death being due to congenital abnormalities incompatible with survival.

(iv) Of the whole group of 83 premature babies, 74 (or 89%) survived 28 days. The national survival rate was 83.4% in 1956.

(v) After-care of premature babies receives special attention by the paediatric department and the Health Department, working in the closest co-operation. A concerted and successful effort is made to prevent the nutritional anaemia of premature babies which is so liable to lead to illness and even (by reducing resistance to infection) to death.

Weight, place of birth & survival of premature babies 1957

Weight at birth	PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS		
	Born in hospital			Born and nursed entirely at home			Born at home and transferred to hospital on or before 28th day				Born in hospital	Born at home	
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days				
3 lb. 4 oz. or less	7	6	1	—	—	—	—	—	—	6	—		
3 lb. 5 oz.—	19	2	17	—	—	—	3	1	2	1	1		
4 lb. 6 oz.													
4 lb. 7 oz.—	15	—	15	2	—	2	—	—	—	2	—		
4 lb. 15 oz													
5 lb.—	30	—	30	7	—	7	—	—	—	1	—		
5 lb. 8 oz.													
Totals	71	8	63	9	—	9	3	1	2	10	1		



## II. Child Welfare Clinics

### (a) Staff.

Each clinic is staffed by a medical officer, one or two health visitors and a number of voluntary workers.

The medical staff is composed as follows:—

Full-time staff of the Health Department      13 sessions per week.

Part-time staff of the Health Department      8 sessions per week.

The increased number of sessions attended by part-time medical staff (8 in 1957 compared with 4 in 1956) does not reflect a change of policy. It is a temporary measure resulting from the absence of a full-time Assistant Medical Officer to take her Diploma in Public Health.

(b) The table shows the attendances at clinics during the year. An attendance is recorded only if a child comes for advice, for weighing or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

The fact that clinics are appreciated is shown by the number of City children under 1 year who attended for the first time during the year. These represent 90.72% of live-births. Figures for the last five years are as follows:—

1953	88.53%
1954	91.29%
1955	88.67%
1956	87.26%
1957	90.72%

Total attendances in 1957 show an increase of nearly a thousand, compared with 1956.

It has not been possible to record in the same detail the attendances at the special weekly sessions held by the partnership of three general practitioners (with the help of the health visitor attached to the practice). They are therefore not included in the table and this results in an under-estimate of the total attendances.

### (c) Medical work at the clinics

The medical officers at the child welfare clinics continued to keep a record of their work. There were 1031 sessions at which a doctor was present and altogether children were seen by a doctor on 12,703 occasions.

The following table gives a summary of the reasons for which a child was seen by a doctor:—

Vaccination against smallpox (performance or follow-up)	2076	} 39%
Triple antigen injections    ..    ..    ..    ..    ..	3028	
Other prophylactic injections    ..    ..    ..    ..	112	
Routine medical inspection—		
first    ..    ..    ..    ..    ..    ..	1396	} 26%
subsequent    ..    ..    ..    ..    ..    ..	1974	
Consultation in relation to a problem    ..    ..    ..	3163	} 35%
Follow-up of medical inspection or consultation    ..    ..	1472	

# **Attendances at Child Welfare Clinics.**

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	Number of attendances made by children who at their first attendance were			Total attendances	Number of sessions	Average attendances
		1957	1956	1955-52		Under 1 yr	1 but under 2 yrs	2 but under 5 yrs			
Bury Knowle, Headington (2 clinics weekly) .. ..	178	150	142	221	513	2271	416	647	2334	103	32.37
Barton .. ..	49	38	41	10	89	651	163	115	929	51	18.21
Cowley .. ..	132	120	77	94	291	1928	274	106	2308	50	46.00
East Oxford (2 clinics weekly)	172	168	144	89	401	2717	328	155	3210	99	32.44
New Hinksey .. ..	66	51	35	46	132	1054	242	142	1438	52	27.65
St. Aldate's (2 clinics weekly	112	104	73	100	277	1576	314	214	2104	99	21.25
Summertown .. ..	89	77	76	74	227	1179	204	134	1517	51	29.74
Slade Park (2 clinics weekly from 3.9.57) .. ..	124	119	136	181	436	1725	404	320	2449	69	35.49
New Marston (2 clinics weekly) .. ..	146	143	115	183	441	2608	461	362	3431	102	33.64
Wolvercote .. ..	38	31	41	40	112	783	149	102	1034	51	20.27
Donnington (2 clinics weekly)	113	106	104	163	373	1671	410	376	2457	103	23.85
G.F.S. Hall, Woodstock Road (2 clinics weekly) ..	156	138	115	129	382	2164	414	253	2831	99	28.59
North Way .. ..	37	35	53	91	179	591	122	107	820	51	16.08
Rose Hill Community Centre	24	22	22	24	68	449	80	60	589	51	11.55
	1436	1302	1174	1445	3921	21,367	3981	3093	28,441	1031	27.58

The following figures indicate the number of attendances made by children (included in the above table) who live in the County but attend the New Marston and Slade Park clinics by arrangement with the Oxfordshire County Council.

96	96	74	94	264	1406	297	170	1873
----	----	----	----	-----	------	-----	-----	------

(An individual consultation may figure in more than one category; for example a child may come for a routine birthday examination and be immunised at the same time.)

The routine medical inspections brought to light a number of conditions not already receiving attention but requiring either treatment or further observation. They were classified as follows:—

	<i>First inspection</i> (usually in early weeks of life)	<i>Subsequent inspection</i> (usually at 1st, 2nd, 3rd and 4th birthday)
Nutritional and dietetic ..	195	31
Eyes .. .. .	55	30
Ear, nose and throat .. ..	16	26
Umbilical .. .. .	78	2
Genital organs .. .. .	38	32
Pallor .. .. .	17	29
Orthopaedic .. .. .	12	85
Skin .. .. .	97	55
Miscellaneous .. .. .	68	118
	<hr/> 576	<hr/> 408
	<hr/>	<hr/>

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	<i>Consultation</i>	<i>Follow-up of inspection or consultation</i>
Feeding problems and gastro-intestinal conditions (including failure to gain weight) ..	725	527
Mental and psychological .. .. .	69	46
Eyes .. .. .	170	84
Ears .. .. .	126	20
Respiratory system .. .. .	381	84
Mouth .. .. .	74	33
Pallor .. .. .	118	164
Sleep .. .. .	104	72
Skin .. .. .	517	159
Orthopaedic .. .. .	116	83
Genital organs .. .. .	95	46
Umbilicus .. .. .	67	95
Prematurity .. .. .	8	29
Trauma .. .. .	72	3
? Fit for prophylactic procedure .. .. .	238	5
Mother's health .. .. .	116	20
Miscellaneous .. .. .	215	69
	<hr/> 3211	<hr/> 1539



The following table shows the number of children who were referred elsewhere for treatment:—

Family doctor	..	..	..	..	..	90
*Orthopaedic department			..	..	..	1
*Eye hospital	..	..	..	..	..	11
*Other hospital departments			..	..	..	15
						<hr/> 117 <hr/>

\* In these cases the family doctor is always informed of the referral and the consultant's findings.

### Comments.

The figures do not show any striking trends when compared with those for the five preceding years.

The proportion of injections given was somewhat lower (because triple antigen was the prophylactic used throughout the year) and the proportion of routine examinations and consultations in relation to a problem was correspondingly increased.

Attendances for routine birthday examinations are still fewer than they should be; nor has there been any marked improvement during the 8 years that records have been kept. Nevertheless it is clear that either the preventive or curative service manages to detect almost all defects in pre-school children. During 1957 there was no instance in which a child was found at school entry to have a major defect which had not previously been recorded.

### Tuberculin jelly testing

Throughout the year routine jelly testing was carried out at each birthday examination (except in children who are known contacts of tuberculosis). Positive reactions were found in 0.12% of the children tested.

Figures from 1951 when routine testing was started are as follows:—

1951	0.54%
1952	0.32%
1953	0.45%
1954	0.54%
1955	0.10%
1956	0.12%
1957	0.12%

The following table shows the tests performed during the year:—

		Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction	..	122	630	418	319	186	1675
Positive reaction	..	—	1	1	—	—	2
Totals	..	122	631	419	319	186	1677

### Notes on positive reactors

*Case 1. Girl aged 2 year 1 month.*

This child was negative to 1/1,000 and 1/100 Mantoux tests and X-ray of chest showed no lesion.

*Case 2. Boy aged 2 years 11 months.*

This child was also negative to both Mantoux tests and repeated X-rays showed no lung lesion.

It seems that both these cases must be classed as "false positive" jelly tests and it must be admitted that nothing of value resulted from routine tuberculin jelly tests in 1957.

### Loan of test-feeding scales

Accurate scales are loaned to mothers with breast-feeding problems for use at home at the request of general practitioner, clinic doctor, health visitor or midwife. This occurred 186 times in 1957.

### (d) Food and medicaments

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child welfare clinic session and at the voluntary Mothercraft Clinic.

As a result of the recommendation of the Joint Sub-Committee on Welfare Foods the Ministry of Health reduced the average vitamin D content of codliver oil from 200 i.u. to 100 i.u. per gram; and that of National Dried Milk from 280 i.u. to 100 i.u. per dry oz.

We are extremely fortunate in having the services of voluntary workers who carry out the exacting tasks of distribution at all the clinics.

The number of items of Welfare Foods distributed during the year (with the 1956 figures for comparison) was as follows:—

	At Health Department		At Clinics		Total	
	1956	1957	1956	1957	1956	1957
Tins of National Dried Milk ... ..	22,687	18,720	32,087	27,728	54,774	46,448
Bottles of National Cod-liver Oil Compound...	3,613	2,984	8,702	7,819	12,315	10,803
Bottles of Concentrated Orange Juice ...	33,258	31,367	61,663	60,556	94,921	91,923
Packets of Vitamin and Mineral tablets ...	3,010	2,961	3,591	3,609	6,601	6,570
	62,568	56,032	106,043	99,712	168,611	155,744

(These figures do not include items issued to hospitals or other institutions.)

There is a substantial decrease in all the items except the vitamin and mineral tablets for expectant and nursing mothers.



The probable explanation of the decrease is as follows:—

- (1) The price of National Dried Milk increased from  $10\frac{1}{2}d.$  to  $2/4$  per tin in April.
- (2) There is increasing awareness that babies fed on dried milk fortified with vitamin D do not need codliver oil in the early months of life.
- (3) Towards the end of the year concentrated orange juice was restricted to children under the age of 2 years (instead of 5 years).

No proprietary dried milk or other food is stocked at the clinics, but a small range of minor medicaments is kept for issue to mothers when necessary. This includes a vitamin A and D concentrate (for babies under the age of two years who cannot take National Codliver Oil Compound and who are not having a dried milk fortified with vitamin D), and an iron preparation for the prevention and treatment of nutritional anaemia.

**(e) Teaching of medical students**

Medical students from the Radcliffe Infirmary, during their six months' training in obstetrics and gynaecology, each attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding by the Senior Assistant Medical Officer for Maternity and Child Welfare.

**(f) Liaison with paediatric department**

Any assistant medical officer who is free attends the post-graduate paediatric ward-round at the Radcliffe Infirmary on Saturday mornings. This provides a most valuable opportunity for keeping abreast with current paediatric practice.

**(g) Liaison with the psychiatric services**

Departmental medical officers and health visitors have attended case conferences at the Child Guidance Clinic and the weekly lectures or case conferences at the Warneford Hospital.

### **III. The early ascertainment of Handicapped Children**

Since June 1954 the Senior Assistant Medical Officer for Maternity and Child Welfare has kept a register of potentially handicapped babies. Initial notification and progress reports are provided by the health visitors. Information is passed on to the School Health Service when it becomes clear that some special action will have to be taken. In this way it is hoped to ensure that no handicapped child reaches school age without previous assessment of his special needs.



During 1957 seventeen new cases were registered. The nature of the handicap was as follows:—

Congenital absence of forearm	..	..	..	1
Congenital cataract	..	..	..	1
Congenital heart defect	..	..	..	4
Congenital nystagmus	..	..	..	1
Fibrocystic disease of pancreas	..	..	..	1
Mental retardation. ? coeliac disease	..	..	..	1
Mongolism	..	..	..	5
Spina bifida	..	..	..	2
Talipes	..	..	..	1
				—
				17
				==

#### IV. Accidental poisoning

We are indebted to Dr. Philip Clay, paediatric registrar at the Radcliffe, for details of children admitted to hospital and treated in the casualty department for suspected accidental poisoning. Thanks to medical treatment there were no fatalities. There were 6 less cases than in 1956, but still far too many. The ages of the children range from 1—4 years and the materials ingested show great variety. The only means of prevention is constant vigilance; not only medicaments but cleaning materials, fuel and disinfectants must be kept out of the reach of young enterprising children.

##### (a) *Admitted to hospital.*

<i>Case</i>	<i>Sex</i>	<i>Age</i>	<i>Substance</i>
1.	F	2 $\frac{1}{4}$ yrs.	Rybarvin.
2.	F	3 $\frac{1}{2}$ yrs.	Gee's linctus tablets.
3.	M	2 $\frac{1}{4}$ yrs.	Chlor. yeast tablets.
4.	F	1 $\frac{1}{4}$ yrs.	Fe. tablets.
5.	F	1 $\frac{1}{2}$ yrs.	Paraffin.
6.	M	2 yrs.	Aspirin.
7.	F	2 $\frac{1}{2}$ yrs.	Stilboestrol.
8.	M	1 $\frac{1}{2}$ yrs.	"Lifeguard".
9.	M	3 $\frac{1}{2}$ yrs.	Unknown tablets.
10.	M	2 $\frac{1}{2}$ yrs.	Seeds—? nature.
11.	F	2 yrs.	Benzine hexachloride insecticide tablets.
12.	F	3 yrs.	Brasso.
13.	F	2 $\frac{1}{4}$ yrs.	Aspirin.
14.	M	2 yrs.	Izal.
15.	M	1 $\frac{1}{2}$ yrs.	Ferrous gluconate tablets
16.	F	2 $\frac{1}{2}$ yrs.	Ferrous gluconate tablets
17.	F	1 $\frac{1}{2}$ yrs.	Phenobarbitone.
18.	M	1 $\frac{3}{4}$ yrs.	Codeine tablets.
19.	M	2 yrs.	Rheogen tablets.

(b) *Seen in Casualty department and discharged home.*

Case	Sex	Age	Substance
1.	M	1½ yrs.	Tablets — ? nature.
2.	M	1½ yrs.	“Dispel”.
3.	M	2 yrs.	Aspirin.
4.	F	3½ yrs.	Berries.
5.	M	2 yrs.	? Iron tablets.
6.	F	4 yrs.	? Iron tablets.
7.	F	2½ yrs.	5 gr. Aspirin.
8.	F	2 yrs.	Aspirin—hours before.
9.	F	2½ yrs.	Small amount pheno- barbitone.

## V. Infant deaths in 1957

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in Institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
1. Prematurity ..	4	—	—	—	4	—	—	—	—	4	4
2. Prematurity and atelectasis .. ..	3	—	—	—	3	1	—	—	—	4	3
3. Asphyxia .. ..	2	—	—	—	2	—	—	—	—	2	1
4. Pneumonia .. ..	1	—	—	—	1	1	—	—	1	3	2
5. Whooping cough*	—	—	—	—	—	—	—	1	—	1	—
6. Congenital malformations .. ..	3	—	1	—	4	4	—	1	—	9	8
7. Rupture of liver ..	1	—	—	—	1	—	—	—	—	1	1
8. Inhalation of vomitus; gastro-enteritis .. ..	—	—	—	—	—	—	—	—	1	1	—
9. Gastro-enteritis ..	—	—	—	—	—	1	—	—	—	1	1
10. Asphyxia. Pierre Robin syndrome ..	—	—	—	—	—	1	—	—	—	1	1
11. Car accident ..	—	—	—	—	—	—	—	—	1	1	1
	14	—	1	—	15	8	—	2	3	28	22

\* Postmortem showed bronchiolitis; the diagnosis of whooping cough was doubtful.

### Comments

(1) The total of 28 infant deaths was the same as in 1956, but there were 132 more live-births so the infant mortality rate fell from 19.70 to 18.95. Thus the local infant mortality rate remains consistently below the rate for England and Wales which fell to a record low figure of 23 per 1000 live-births in 1957.

(2) The table illustrates the way in which neonatal deaths are concentrated in the first week of life.

(3) Congenital malformations caused 9 of the 28 infant deaths and prematurity caused 7.

## VI. Nurseries

### (a) Day nurseries

The two day nurseries continued to admit children under the age of 3 years who cannot be cared for adequately by their mothers owing to some special hardship.

Details of the attendances and staffing during the year are given in the following table:—

	No. of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	22	9	13	13	11.90	9.16	4
Florence Park	30	25	7	13	10	11.27	7.15	4

Reasons for admissions of new children during 1957 were as follows:—

	<i>Botley Road</i>		<i>Florence Park</i>	
Bad housing conditions .. .. .	8		2	
Illegitimate children .. .. .	8		12	
Parents separated or mother widowed ..	6		4	
Illness of parent .. .. .	7		12	
Doctor's recommendation .. .. .	2		2	
	—		—	
	31		32	
	==		==	

There were vacancies in both nurseries throughout the year. Children are admitted only on the recommendation of one of the assistant medical officers after a full investigation.

The maximum charge of a child's maintenance at the nursery was increased from 9/- to 11/6 per day on 28th January, 1957—based on the actual cost to the City Council. Parents are assessed according to income subject to a minimum charge of 1/- per day.

The following table shows the assessments for children on the register at 31st December, 1957:—

<i>Assessed to pay:—</i>	<i>Botley Road</i>		<i>Florence Park</i>	
11/6 per day (maximum) .. .. .	4		2	
10/- to 5/- per day .. .. .	4		2	
4/- to 2/6 per day .. .. .	—		3	
2/5 to 1/3 per day .. .. .	5		1	
1/- per day (minimum) .. .. .	13		15	
	—		—	
	26		23	
	==		==	



Both nurseries provide training facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

One student sponsored by the Health Department completed the two-year training course in 1957 and was successful in gaining the National Nursery Examination Board Certificate. No further students were sponsored by the Department in 1957.

### **(b) Nurseries and Child Minders Regulation Act 1948**

Details of registration under this Act are shown in the following table:—

	Number registered at 31.12.57	Number of children pro- vided for
Premises .. ..	5	116
Daily Minders ..	2	24

### **(c) Red Cross Creche**

The creche, staffed by the British Red Cross Society, continued to operate on one afternoon a week at the Alexandra Court clinic.

Forty children, ranging in age from 3 months to 4 years, were on the register during the year.

## **VII. Care of Illegitimate Children**

There were 114 illegitimate registered live-births to Oxford residents in 1957; this is 14 fewer than in 1956. This represents 7.7% of all registered live-births—an improvement on the 1956 figure of 9%, but still well above the national figure of 4.6%.

In order to minimize the handicap suffered by these children, as well as to help their mothers, the City Council provides a mother and baby hostel and arranges for the provision of a special social worker.

### **(a) Mother and baby hostel**

This hostel continues to provide an invaluable service for unmarried mothers who are homeless. During 1957 the accommodation at the hostel sometimes exceeded the needs of City mothers, so it was possible to accept a number of cases from Oxfordshire County Council. In addition homeless married women with young babies were occasionally given temporary accommodation.

When an illegitimate baby is well established, the mother is helped to make realistic plans for the future—with the baby's welfare the chief consideration. If it seems that she is likely to be able to give it adequate care she is encouraged and helped to keep it; if this seems unlikely steps are taken to arrange for adoption at the age of about 3 months; or if adoption is not feasible the Children's Department arranges for care in

a foster home. In this way it is hoped to avoid the "maternal deprivation" which children may suffer when parted from a mother or mother-substitute after the first 3 or 4 months of life.

Admissions and discharges during the year (excluding the annexe) were as follows:—

	<i>Admissions</i>	<i>Discharges</i>
Mothers .. .. .	39	43
Babies .. .. .	26	31

The average length of stay was as follows:—

Antenatal .. .. .	6½ weeks
Postnatal .. .. .	8½ weeks

The disposal of the 20 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage, etc.) ..	7
Mother and baby to lodgings .. .. .	4
Mother to own home—baby to foster parents .. .. .	2
Mother to own home—baby for adoption .. .. .	2
Mother and baby to own home—? baby to be adopted later ..	2
Mother to sister's home—baby adopted .. .. .	1
Mother to hospital for nursing training—baby to foster home ..	1
Mother absconded—baby taken into care by Children's Department	1

### (b) Provision of special social worker

The City Council pays an annual grant to the Oxford City Moral Welfare Association (£225 in 1957) for the services of their moral welfare worker, who works in close co-operation with the Health Department and attends the monthly meetings of the House Committee which administers the hostel. We are grateful for the following report submitted by the worker, Miss C. Holman, for 1957:—

"The pattern of the social work done on behalf of the Association remains constant. There were 111 people newly referred during 1957 and help was continued with 67 of those referred in previous years, making a total of 178. Of the 111 new cases 92 were expecting illegitimate babies, 8 needed help in relation to behaviour problems of "teenage" girls and 11 had family problems of varying kinds.

### Sources of new cases

#### *Referred by:*

Officers of the Health Services, e.g. doctors, nurses, health visitors, almoners, etc. .. .. .	68
Other officials, including Children's Officers, the police, Welfare Services and International Social Service .. .. .	10
Employers, friends or personal application .. .. .	14
The clergy .. .. .	10



National Council for the Unmarried Mother and her Child	..	6
Other moral welfare workers	.. .. .	3
		<hr/>
		111
		<hr/>

### Classification of maternity cases

Under 21 years	.. .. .	37
21—25 years	.. .. .	34
26—30 years	.. .. .	13
31—35 years	.. .. .	6
Over 35 years	.. .. .	2
		<hr/>
		92
		<hr/>

### Place of residence and nationality

Of the young women referred 64 had their homes in the area, and the remainder were working here but had homes elsewhere—of these a considerable number were Irish girls. Two came from the West Indies and others from Germany, Switzerland, Spain, Finland and Mauritius. Eighty-four were single, 6 married and 2 divorced. Sixteen were expecting a second or subsequent illegitimate birth.

### The putative fathers

A British man was stated to be the father of their child by 35 women, 26 said the man was American, 9 that he was West Indian or African, and others named were Irish, Cypriot, Greek, Israeli and Italian. Whenever possible the man was contacted and encouraged to take the maximum amount of financial responsibility to help the girl both in the pre-natal weeks after she gave up work and for maintenance of the child later. Usually both parties prefer this to be done by private agreement, but some girls have been helped to apply for Affiliation Orders. A few girls married the man concerned just before the birth of the child.

Those who came for help were from many different environments, their work being in offices and shops, factories, laundries, public transport, cinemas, hospitals, etc. There were those with professional training and those who were still schoolgirls. A few girls had not been employed for a considerable time. There were all the variations in the stories of broken or unhappy home life which one has heard so often before, the stories of institutional upbringing, and a sense of not belonging to anyone, and the occasional adoption which was somehow “gone wrong”. There were the parents who had clearly done everything in their power to give a child a good foundation for adult life, and yet felt completely defeated. Much time has been needed for unhurried interviews in which girls and their families could be helped to accept the past without bitterness, cope with the present and face the future with courage.



Accommodation was needed by 31 girls, 16 of whom were admitted to the City Mother and Baby Hostel, where some remained for a period of several months and supported themselves by going out to daily work while health permitted. The other 15 were admitted to Homes away from Oxford, including those at Aylesbury, Barnett, Bristol, Birmingham, Brighton, Coventry, Leamington, London, Wellington, Windsor and Yateley. These girls took responsibility for their own maintenance usually assisted by their parents and/or the putative fathers of the babies. Some Homes kindly reduced their fees to make admission possible in special cases.

Of the 150 maternity cases dealt with during the year 69 women still have their children with them, 5 have placed their children in residential nurseries or with foster-parents, 4 have their children in the care of the Local Authority and 7 in Homes run by voluntary societies, 28 have had the child placed for legal adoption and 20 are still expectant mothers. The remaining 17 women have left this neighbourhood and the situation at the end of 1957 is not known.

The problem of finding accommodation after leaving Home or Hostel for a mother wanting to keep her child is still acute. If she is a skilled domestic worker it is possible for her to obtain resident domestic employment; but the girl trained as clerk, factory worker, shop assistant or nurse has a far more difficult situation to face. Through valued publicity in the local press and in parish magazines a few contacts were made which led to homes being offered, but far more are needed.

Some churches co-operated in finding godparents who befriended a mother and her child.

The relatively small number of 8 "preventive" cases referred hides a fair amount of work of which it is impossible to assess the true result, but I am convinced that it is of value and must continue to be done and wherever possible, extended. In addition, 3 girls referred in 1956 were still in touch with me. Of these 11 girls, 2 are about to be married after several months' engagement, 4 are known to be getting on well either at home or in lodgings, one was taken into the care of the Local Authority, 3 are still causing anxiety by reason of their instability and one has moved away from the neighbourhood.

The "family problems" referred often concerned an illegitimate child, and in some cases the underlying need was for more suitable accommodation. The difficulties, both financial and otherwise, are often chronic and present little chance of satisfactory casework. Only one matrimonial case was undertaken and this because referral to the Marriage Guidance Council was not accepted by the client.

The resignation of Miss Tindall at the end of May was a great loss and I wish to record my thanks for her assistance in secretarial work. It was decided not to seek further part-time help of this nature until the problem of office accommodation had been solved, but it is an urgent need. The fact that 1,043 letters went out from the office in 1957 plus a large

number of receipts in the administration of the Maintenance Fund will give some indication of that aspect of the work.

It is felt that some explanation of the Maintenance Fund would be of interest to those who read this report. This is money received and paid out on behalf of the men, women and children with whom I am concerned. It comprises:—

- (1) Payments from fathers for their children, under Agreement, are administered by us, rather than by direct payment from the man to the woman, which keeps alive an association broken in every other way.
- (2) Payments from parents for girls in Mother and Baby Homes away from Oxford. This ensures a constant contact with the girl's home while she is away. Payments from putative fathers for girls in Homes are also received and paid out.
- (3) The Church of England Children's Society and Dr. Barnardo's Homes both make grants in suitable cases to help mothers to keep their children with them. I act as their intermediary, visiting the mother and child and paying out the money, and sending reports back to the Societies concerned.

Just before the end of the year I was able to move into the house newly acquired by the Committee. This, I am sure, is going to make a great difference to me personally, and will increase the amount of work I hope to be able to do on behalf of the Association. I am immensely grateful for the efforts of the Committee and the generosity of the anonymous donors which have made this advance possible.

The arrangements whereby I am able to use the W.V.S. Car Service for some of my visiting has been of great help to me. One committee member has also given many hours of her time in voluntary driving. This has enabled me to do much more visiting than is possible by bus and bicycle.

Speaking engagements have been accepted for a wide variety of Women's Meetings, and these have resulted in practical help being offered in various ways. Indeed, the many gestures of goodwill received from countless people, including committee members, officials of the Local Authority, other social workers and those who have sought my help, have given me great encouragement in the course of the year's work."



## SECTION VI

## MATERNITY AND CHILD WELFARE DENTAL SERVICE

Report by C. H. I. MILLAR, B.Sc., L.D.S.,  
Principal Dental Officer

During 1957, expectant and nursing mothers and young children have made less use, compared with 1956, of the facilities for dental treatment provided under the Maternity and Child Welfare Scheme. The smaller number treated does not indicate a restriction in these facilities, as there were again two dentists available throughout most of the year, each prepared to devote as much as one clinic session a week to the priority classes, should the demand for treatment warrant this. The statistics show the full extent of the decline in demand for treatment under the Local Authority scheme from the mothers and children for whom the Maternity and Child Welfare Service exists.

It would, however, be a mistake to assume that the efforts of medical officers, midwives and health visitors to impress upon mothers the importance of regular dental attention for themselves and their children were not meeting with an adequate and intelligent response. There is very good reason to believe that many more expectant and nursing mothers and young children are seeking dental treatment from private practitioners, under the National Health Service, as a result of the advice given at the city's antenatal and welfare clinics. The falling off in treatment provided by the Local Authority Service has almost certainly been more than offset by an increase in treatment carried out by private dentists for these groups. Insofar as expectant and nursing mothers who visit private dentists during pregnancy and nursing are more than likely to continue to seek regular attention from the practitioner of their choice thereafter, this is a satisfactory development, particularly in view of the inability of the public dental service to meet all its commitments.

## (a) Numbers provided with dental care

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers ... ..	15	15	14	13
Children under five ...	51	48	47	12



## (b) Forms of dental treatment provided

	Extrac- tions	General anaesthe- tics	Fillings	No. of inlays	No. of crowns	Scalings & gum treatment	Silver nitrate treatment	Radio- graphs	Dentures	
									Complete	Partial
Expectant and nursing mothers	20	—	21	—	—	11	—	—	1	4
Children under five	11	2	40	—	—	1	23	—	—	—

## SECTION VII

### MENTAL HEALTH

Report by G. F. WILLSON, M.D., D.P.H.,  
Deputy Medical Officer of Health

#### 1. Administration

(a) Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 8 members of Council and 2 co-opted members.

#### (b) Staff

##### (i) *Medical*

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section and the Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

##### (ii) *Non-medical*

1 Senior Mental Health Officer (male), full-time;

2 Mental Health Officers (1 male, 1 female) full-time;

1 Clerical Assistant (female) full-time.

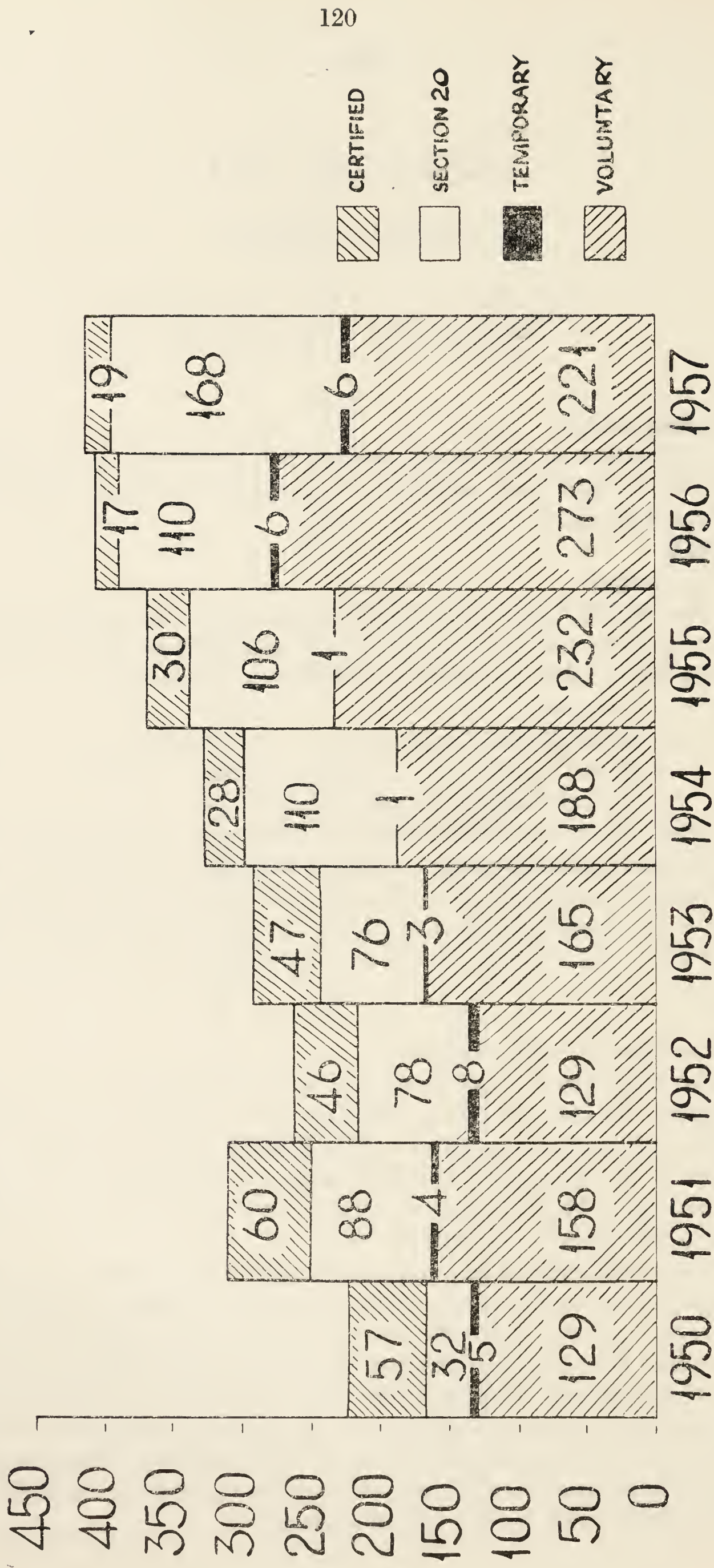
These officers undertake social and community care for both mental defectives and mental patients. A rota of duty has been arranged so that one mental health officer is always available to deal with emergencies. There is an arrangement for mutual help between mental health officers of the City and County of Oxford to cover such factors as holidays and illness.

#### (c) Co-ordination with Hospitals

The Management Committees of Littlemore Hospital and of the Warneford and Park Hospitals each contain two members of the Mental Health Services Sub-Committee. The Medical Officer of Health is a member of the Warneford and Park Hospitals Management Committee and the Deputy Medical Officer of Health is a member of the Littlemore Hospital Management Committee.

It was mentioned in last year's report that arrangements were being made for all the mental health officers to attend regularly at out-patient clinics, case reviews and clinical meetings at the Warneford Hospital. These plans have been in operation since March 1957 and have proved most stimulating and valuable to the officers concerned. Greater insight into the clinical problems exhibited by the mentally afflicted for whom they provide home supervision is bound to be of assistance when assessing the social implications of each case. We are most grateful to Dr. McInnes and his staff for making this tuition available.

Total Admissions of persons to Mental Hospitals classified by type on admission





From time to time during the year the mental health officers have been called upon to provide after care for certain patients discharged from Littlemore Hospital. In view of the large volume of work handled by this hospital it is clearly not possible for its own staff to provide after care for all the discharged patients who need it. As pointed out in the recent report by the Royal Commission dealing with mental illness and mental deficiency, it is in such situations that local authority workers might well find scope to exercise their experience and knowledge of local social conditions. It is hoped that still further ways will be found of integrating the functions of hospital and local authority in the coming year.

#### **(d) Duties delegated to Voluntary Associations**

No duty of the local health authority has been delegated to voluntary associations.

The City Council continues to make a grant to the Oxford Voluntary Association for Mental Health and has also made a grant to the National Association for Mental Health.

#### **(e) Training of Mental Health Workers**

An important aspect of this training has been considered in paragraph (c) above. In addition, one mental health officer attended the weekend conference of the National Association of Mental Health Workers and another attended a conference on the "Backward Child" arranged by the National Association for Mental Health.

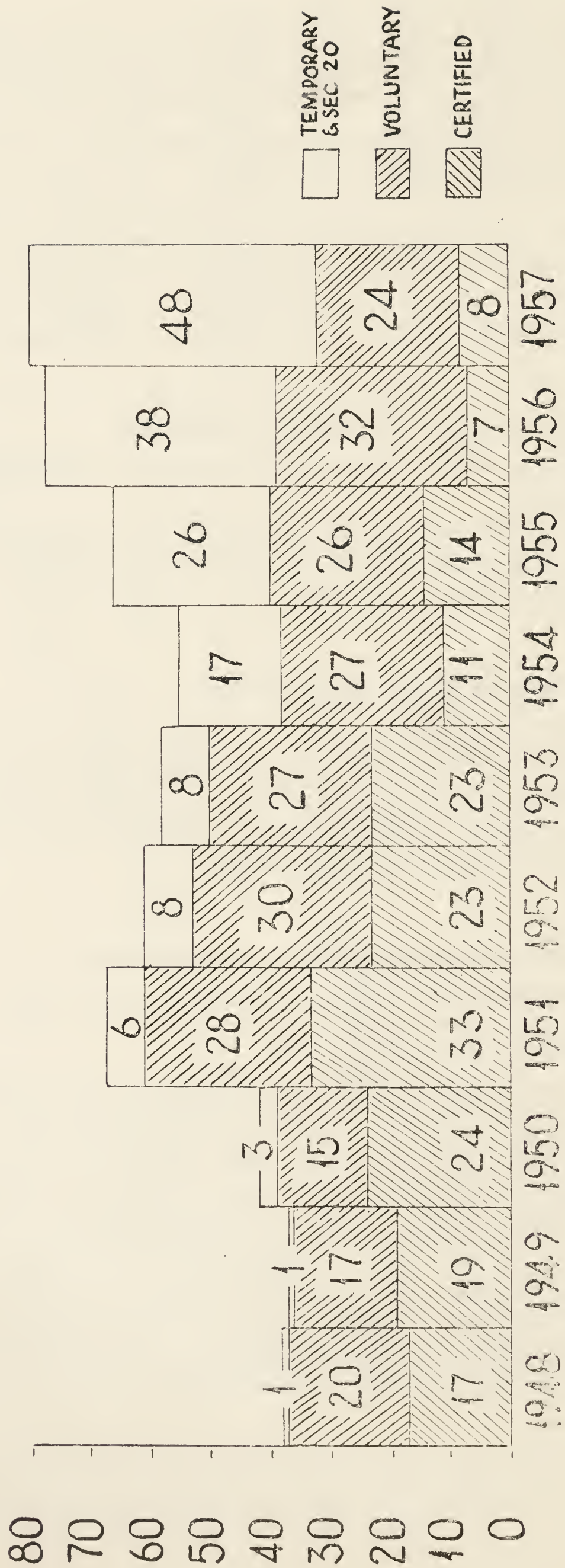
## **2. Account of work undertaken in the Community**

### **A. Under Section 28, National Health Service Act, 1946**

#### *Prevention, care and after care.*

At the request of the family doctor, the mental health officers visit patients in their homes to establish friendly relations and to estimate the extent and nature of the help required. Should the patient be admitted to hospital the previous establishment of a good relationship with the mental health officers is of great value when the patient is discharged and is in need of supervision. Responsibility for providing after care for patients discharged from Littlemore Hospital is divided between the hospital psychiatric social workers and the local authority mental health officers according to mutual arrangement in any individual case so as to avoid unnecessary overlapping of duties.

Admissions of persons over 60 years old to Mental Hospitals  
classified by type on admission





**B. Lunacy and Mental Treatment Acts, 1890—1930**

(i) Figures for admissions and discharges:—

<i>Admissions</i>								1957
Certified	..	..	..	..	..	..	..	18
Section 20	..	..	..	..	..	..	..	168
Temporary	..	..	..	..	..	..	..	6
Voluntary	..	..	..	..	..	..	..	221
Section 4 (private)	..	..	..	..	..	..	..	1
								<hr/> 414 <hr/>
<i>Discharges</i>								1957
Certified	..	..	..	..	..	..	..	23
Section 20	..	..	..	..	..	..	..	9
Section 21A	..	..	..	..	..	..	..	39
Temporary	..	..	..	..	..	..	..	5
Voluntary	..	..	..	..	..	..	..	254
Died	..	..	..	..	..	..	..	39
								<hr/> 369 <hr/>
Examinations in Lunacy (not certified)								9

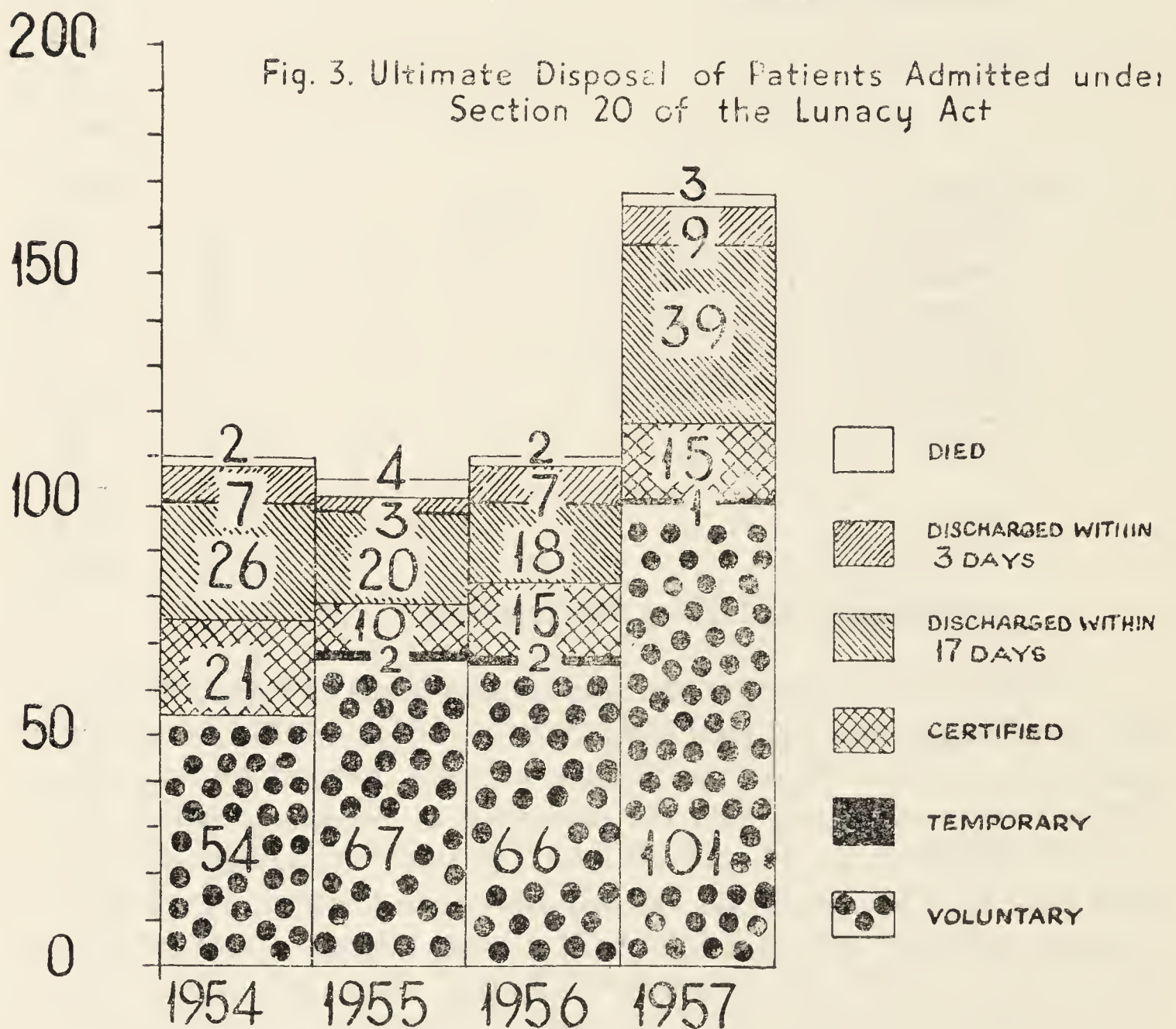
Still there is no sign that the peak of admissions to mental hospitals has been reached and the total of 414 admitted during 1957 is a new and unwanted record. While the number of cases certified on admission remains the same (about 4%) the proportion of voluntary patients admitted has fallen from 67% in 1956 to 54% in 1957. It would seem likely that some of those who would formerly have been admitted as voluntary patients are being admitted informally to the Ashhurst Clinic or to the de-designated wards at the Warneford Hospital. More difficult to account for is the increased proportion of patients admitted under section 20 of the Lunacy Act, a proportion which rose from 27% in 1956 to 41% in 1957. These are patients for whom a bed is always found somewhere, no matter how crowded the hospitals may be, and so one would not have expected any easing of pressure on hospital beds to affect the yearly admissions of these patients.

**(ii) Admissions under Section 20 of the Lunacy Act, 1890**

In cases where the patient must be removed at once lest he attempt suicide, exhaust himself or harm others, admission to hospital on a three day order under section 20 of the Lunacy Act, 1890, is arranged. As stated above, the number of such cases dealt with during the year accounted for 41% of all admissions. Of the 168 patients concerned (c.f. 110 in 1956), 9 were discharged within 3 days, 39 in whom the order was



continued under section 21a for a further period, were discharged within 17 days, 101 became voluntary patients, 1 became a temporary patient (i.e. recovery within 6 months appeared probable), 15 were certified and 3 died. Thus certification under the Lunacy Acts was avoided in all but 15 cases (i.e. about 9%), of those admitted under section 20.



### (iii) Old Age and Mental Illness

A further slight increase in the number of admissions of persons over the age of 60 brought the total for the year to the record figure of 80. Every effort is made to keep cases of senile mental deterioration at home whenever possible and to this end close liaison is maintained between Littlemore Hospital, Cowley Road Geriatric Hospital and the local authority Welfare Department. Recently at the invitation of Dr. Cosin, the mental health officers have been attending out-patient clinics at Cowley Road Hospital as a step towards the supervision of certain senile patients in their own homes. It is thought that extra support and advice given to these patients and those looking after them (in addition to that often provided by the health visitor) might prevent or postpone complete breakdown. The beneficial effects seen to occur in the mental functions and

attitudes of certain confused old people attending the Cowley Road Day Hospital have been most encouraging, and also to be remembered is the mental and physical relief afforded to friends and relatives by having a senile dependant taken off their hands once or twice a week.

### C. Under the Mental Deficiency Acts, 1913—1938

#### (i) Ascertainment

15 new cases were added to the register in 1957. 6 were reported by the Education Committee, 3 under section 57 (5) and 3 informally. Of the 9 from other sources 4 came from other authorities, 2 were admitted to the Occupation Centre as visitors at the parents' request, 1 came from the Children's Officer, 1 came from the Radcliffe Infirmary, the remaining case being admitted to a mental deficiency hospital from an approved school by order of the Secretary of State.

The waiting lists for institutional accommodation at the end of 1957 compared with previous years are:—

		1957	1956	1955	1954	1953	1952	1951
Children under 5	..	1	0	0	1	3	0	0
Children 5—15	.. ..	3	1	0	3	2	6	6
Adults	.. ..	7	5	8	6	4	6	9

#### (ii) Guardianship and Supervision

At the end of the year 10 cases remained under guardianship. At the same time 101 cases were being kept under statutory supervision and 60 under voluntary supervision by the mental health officers. 13 females and 4 males on licence from mental deficiency institutions were also being supervised.

#### (iii) Discharge of Mental Defectives

During the year 3 males and 6 females, Oxford City cases, and 2 males and 3 females, out-county patients, were discharged from order and are receiving friendly supervision from the mental health officers. This work is very necessary and time-consuming at a crucial period when the patients are being rehabilitated into the life of the community, and necessitates in some cases advice on the purchasing of suitable clothing, encouragement to save regularly and adjustment of the various difficulties experienced on their return to normal life.

#### (iv) The Occupation Centre

At the end of the year 55 defectives were attending the Occupation Centre. Of these 37 were Oxford City cases, 10 came from Oxfordshire and 8 from Berkshire. The majority continued to travel to and from the centre by special bus under supervision of a member of the staff.



The centre staff consists of 1 chief supervisor (Miss Warburton) and 5 assistant supervisors (4 female and 1 male). The work and daily routine carried out have the aim of helping the children to become socially acceptable members of the community who are able to attend to their personal requirements with as little assistance from others as possible. Needlework, painting, woodwork, physical training, percussion band and gardening are regular activities.

During the year the acquisition of a pre-fabricated concrete garage for use as storage shed for physical training and other apparatus has proved a great asset, as previously these bulky articles encumbered the corridor of the main building. Owing to the number of children attending the centre, a class has to be held regularly in the staff room. With a view to releasing this room for its proper purpose, plans have been prepared and approved for the construction of an extra class room and it is hoped that the commencement of building will soon be possible.

With the help of the flourishing Parents' Association 30 children accompanied by 4 members of the staff went for 10 days' holiday to Bognor Regis early in May. This was a great success. The weather was kind and the children were excited to be staying in a hotel on the sea front. The children unable to visit Bognor had a river trip and picnic at Bablockhythe arranged for them. During the year the Association and centre staff held a sale of work and jumble sale which together brought in £88. As in previous years helpful grants were also contributed by the City Council and the City magistrates.

### (v) Institutional Care

<i>No. in Institutions within the Region</i>	<i>M.</i>	<i>F.</i>
Borocourt .. .. .	29	29
Bradwell Grove Hospital .. .. .	11	1
Chipping Norton Hospital .. .. .	3	2
Cotshill Hospital .. .. .	1	1
Cumnor Rise .. .. .	—	5
North View Hospital .. .. .	—	4
Pewsey Hospital .. .. .	9	7
Purley Park, Reading .. .. .	3	—
Smith's Hospital, Henley .. .. .	3	2
The Old House, Wheatley .. .. .	1	—
Wayland House .. .. .	—	11
West Stowell House .. .. .	2	—
	—	—
	62	62—124
On licence from Borocourt .. .. .	7	21— 28
	—	—
Total .. .. .	69	83—152



*No. in Institutions outside the Region*

						<i>M.</i>	<i>F.</i>
Alton, St. Mary's Home .. .. .	..	..	..	..	..	—	1
Aylesbury, The Manor House .. .. .	..	..	..	..	..	4	2
Aylesbury, Tindal General Hospital .. .. .	..	..	..	..	..	—	1
Barvin Park, Potters Bar .. .. .	..	..	..	..	..	5	—
Bristol, Brentry Colony .. .. .	..	..	..	..	..	1	—
Bristol, Hortham Colony .. .. .	..	..	..	..	..	2	1
Bristol, Stoke Park Colony .. .. .	..	..	..	..	..	2	2
Buntingford .. .. .	..	..	..	..	..	6	—
Buxted, St. Mary's Home .. .. .	..	..	..	..	..	—	2
Camberwell, St. John's Hostel .. .. .	..	..	..	..	..	—	1
Cell Barnes Colony .. .. .	..	..	..	..	..	2	1
Easthampstead .. .. .	..	..	..	..	..	1	—
Etloe House .. .. .	..	..	..	..	..	—	2
Laughton Lodge .. .. .	..	..	..	..	..	—	1
Leybourne Grange Colony .. .. .	..	..	..	..	..	1	—
Little Plumstead, Kent .. .. .	..	..	..	..	..	1	—
Reigate, Ellen Terry Home .. .. .	..	..	..	..	..	—	1
Sheffield, St. Joseph's School .. .. .	..	..	..	..	..	—	2
Stoke-on-Trent, Stallington Hall .. .. .	..	..	..	..	..	1	—
State Institutions for Dangerous Defectives .. .. .	..	..	..	..	..	7	5
Stourbridge, Sunfield Children's Home .. .. .	..	..	..	..	..	1	—
The Fountain Hospital .. .. .	..	..	..	..	..	—	1
Warwick State Institution .. .. .	..	..	..	..	..	—	1
						—	—
						34	24—58
							—
Total .. .. .	..	..	..	..	..		58
							==

**(vi) Place of Safety**

No patient was placed in a place of safety during the year.

## SECTION VIII

### WELFARE SERVICES

REPORT BY J. C. DAVENPORT,  
Chief Welfare Services Officer

The City Council has delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets monthly to deal with the administration of the Welfare Services of the City. Duties in relation to the management of residential accommodation provided under Section 21 of the Act are delegated to a House Section of the Welfare Services Sub-Committee.

#### (1) General Welfare arrangements for the Aged and Infirm

1957 has once again proved to be a year of frustration as to the provision of suitable and additional residential accommodation for the aged and infirm in need of care and attention. Delay in building operations has meant that the hostel at Bayswater is still far from being ready, and hesitation in the granting of permission for another Home has prevented the start of a second building.

There has, recently, been a great emphasis on the need to provide suitable housing accommodation for the elderly, and a lot has been said about the great numbers of old people who will be living in a few years time. Whilst this is an important programme to be catered for, this must not be allowed to overshadow the need for Part III Accommodation, for the aged and infirm in need of care and attention. No matter how the domiciliary services are re-deployed, they can contribute only to a limited extent in eliminating the need for residential accommodation for the aged and infirm in need of care and attention. Even if we had unlimited aid from local and voluntary organisations, there would still be a residue of cases which could not be catered for adequately at home, and for whom Part III Accommodation is the only answer.

The effective use of domiciliary services, expanded and augmented, can do a great deal to make the lives of the aged, and particularly the lonely aged, less exacting. This co-ordination and expansion of services is a necessity in the provision of an efficient service, and should be the ideal of all agencies interested in the general welfare of aged and handicapped. Such a combined effort cannot be measured by its immediate results, but by its success in the future in preventing any person from deteriorating into such condition as to require admission to residential accommodation. With the prophecy of an increasing aged population such domiciliary services can well prove to be an effective insurance against increased liability in the future.



To provide for the effective operation of such a policy it is absolutely essential to have sufficient Part III Accommodation to meet the needs of both short-term and long-term cases. It is frustrating to find the cause, know the answer and not have the means of carrying it out. Knowing the answer is important also with all social workers. Visiting alone, whilst helping to alleviate loneliness, is not the whole answer to domiciliary service. When help is needed in a home it must be speedy and efficient, and in domiciliary welfare the old proverb "a stitch in time saves nine" is very appropriate.

The welfare of the elderly must be a service which is practical, and to be practical it must have the means to do the job.

Some five years ago, I instituted in Oxford, a scheme for the admission of short term cases to Part III Accommodation. This scheme was, I believe, the first in the country, and it has proved of immeasurable benefit in helping to keep aged and infirm in their own homes by providing a relief for the person, the family and helpful neighbours, especially in holiday periods. Unfortunately, this service had to be curtailed during 1957 because of lack of accommodation, and it is interesting to note that there has been an increase in our waiting list of approximately 30%. Whilst I do not claim this increase is due entirely to the lack of opportunity of short-term admission, I feel certain some of the increase is due to this fact.

Since the passing of the National Assistance Act in 1948, the City has provided only 66 additional beds. The waiting list at the time of writing is 135 persons, all of whom are cases in need, and who are existing rather than living in conditions unsuitable for their need. Today in the City there are 182 beds. The total need is approximately 320, a figure which represents roughly  $2\frac{1}{2}\%$  of the aged population of the City. In catering for such a low percentage of the aged population it is impossible to underestimate the need for an effective domiciliary Welfare Service, and it is apparent that accommodation provided will have to be of the type suitable for the very infirm. Adaptation of existing houses may provide a temporary answer, but it is cheaper in the long run to have specially designed accommodation. In this respect the costs of the three Homes have been obtained separately, and at Barton End, where a specially built wing houses half of the residents, the cost per head is lowest, with the percentage of infirm residents highest.

In the City of Oxford the policy under which all the Welfare Section staff work, is to encourage and assist the elderly and infirm to remain in their own homes as long as possible. To ensure that this policy works smoothly a considerable amount of work is done in the follow up of cases brought to our notice, and as regular a home visiting service as is possible is maintained to ensure that the comforts necessary to the well being of the individual are being provided. The other branches of the Local Health Services (Health Visitors, District Nurses, Home Helps, etc.) and the visitors attached to the voluntary bodies are a great help in the work, and efforts have been continued to operate a much more co-ordinated



service, which, in addition to preventing overlapping, will, I feel sure, be of great benefit to the many problems which arise inside the private homes of aged and infirm persons.

During the year approximately 800 aged and infirm persons (not including special classes such as deaf, blind, hard of hearing, physically handicapped) were in regular receipt of some form of domiciliary welfare service co-ordinated in the Section.

## **(2) Residential Accommodation**

### **The Laurels**

This former institution, which should accommodate 116 residents of both sexes, remains exactly as described in previous reports. It has been continuously overcrowded throughout the year, with an average occupation of 118.

In view of the policy of the Council to discontinue the use of this accommodation, maintenance work was confined to necessities to provide comfort for the residents. A number of improvements were effected in the furnishings, which were purchased with a view to their being usable in the new homes when they become available.

The use of this type of building for the accommodation of the aged and infirm is, of course, necessary but should not be prolonged unduly as the amount of domestic work involved in keeping the place reasonably clean and tidy is a financial burden as well as being a frustrating business. The stone floors and passages serve as mud and dust collectors for the whole area.

Despite these conditions, the staff have managed to achieve a happy atmosphere inside the Home.

### **Frilford House**

This is an adapted Home, accommodating 26 persons, and is situated in the country, nine miles from the City Centre.

The Home has been equipped up to modern standards, but the progressing age and infirmity of the residents, and the lack of any ground floor beds, has accentuated the need for more accommodation suitable for the needs of the more infirm.

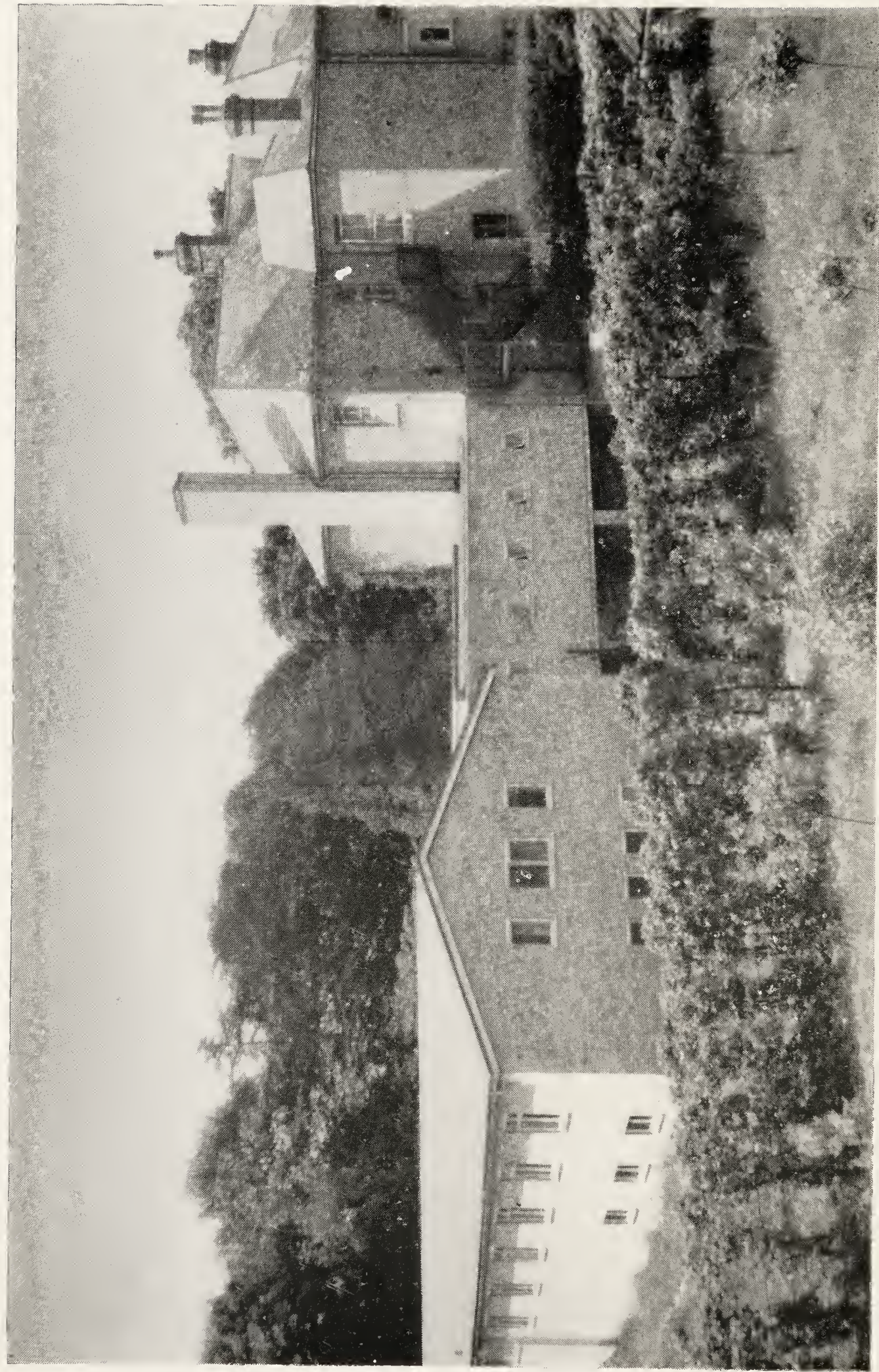
This Home has, throughout the year, maintained an average occupation of twenty-seven beds which in itself represents a serious overcrowding when it is borne in mind that the average figure has been maintained despite absences in hospital or on holiday.

### **Barton End**

This Home, which was acquired by the Council as an adapted Home for twenty-eight persons in 1953, has during the last two years had an extension built on to it, and now accommodates forty persons with twenty of the beds on the ground floor.







GROUND FLOOR EXTENSION. BARTON END OLD PEOPLE'S HOME



The new wing has been specially constructed and equipped to meet the needs of the more infirm, and is in my opinion the most progressive step taken by the Council in the provision of residential accommodation. The fact that infirm persons have the benefit of moving about supported by handrails and unhampered by stairs gives them that little extra feeling of independence that will increase the happiness of their last years, and decrease the burden upon the staff of having to carry patients down stairs, a task which occurs regularly in Homes where there are no ground floor beds.

In each of the Homes described, the same amenities (television, radio, library, socials, etc.), are available to each resident, who also receives a minimum of 7/6 per week pocket money.

The residents are encouraged, if they are able, to assist in the running of the Home, and those who are willing to help in this way receive additional pocket money.

<i>Average residents 1957</i>			
Laurels	..	..	118
Frilford	..	..	26
Barton End	..	..	32
			<hr/>
			176
			<hr/>

(New) *Admissions 1957*

*Discharges (Permanent)*

			<i>Hospital</i>	<i>Deaths</i>	<i>Other</i>
Laurels	..	32	13	9	6
Frilford	..	10	3	1	6
Barton End	..	20	2	3	1
			<hr/>	<hr/>	<hr/>
Total	..	62	18	13	13
			<hr/>	<hr/>	<hr/>

### Voluntary Homes

The following Voluntary Homes are registered with the Local Authority for the care of aged and disabled persons:—

*Aged and Disabled*

Nazareth Home, Cowley Road	..	..	..	24 females 9 males
----------------------------	----	----	----	-----------------------

*Aged*

St. Basil's Home, 239 Iffley Road	..	..	..	26 females
Elizabeth Nuffield Home, 165 Banbury Road	..	..	..	24 females
Council of Social Service Home, 115 Banbury Road	..	..	..	21 persons
British Red Cross Society Home, 107 Banbury Road	..	..	..	20 females
Miss E. Afford, 12/13 Walton Street	..	..	..	5 females

Mrs. Guise-Thompson, 2 Hernes Road	..	..	5 persons
Mrs. E. Best, 31 Stanley Road	..	..	6 persons

The agreements made with the following Homes to place accommodation at the disposal of the Authority continues:—

St. Basil's Home	..	..	..	..	..	4 residents
Nazareth Home	..	..	..	..	..	4 residents

The whole of this accommodation has been used throughout the year and has been of great assistance to the Authority owing to the continued shortage of accommodation. The City Council has accepted responsibility for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:—

- 10 persons in St. Basil's Home
- 3 persons in Nazareth Home
- 1 person in St. John's Nursing Home
- 12 persons in the British Red Cross Society Home
- 7 persons in other Voluntary Homes
- 3 persons in Homes for the Blind.

In a similar way, by arrangement with other Local Authorities, the City Council has accepted the financial responsibility for the following:—

- 3 persons in London County Council Homes
- 4 persons in Oxfordshire County Council Homes
- 1 person in Salop County Council Home
- 2 persons in Berkshire County Council Home (2 Blind).

### Temporary Accommodation

Section 21 (b) of the National Assistance Act, 1948, imposes the duty upon local welfare authorities of providing temporary accommodation for those persons in need thereof through circumstances unforeseeable. This somewhat vague definition has been a constant source of trouble to Local Authorities, and Oxford has not been an exception.

There was again a reduction in the number of cases where action had to be taken. Out of a total of 51 applications received, practical assistance was necessary in 13 cases, the other 48 being given advisory help only.

In addition there were two cases remaining in temporary accommodation from the previous year, making a total of 15 cases dealt with.

Five of the cases were definitely reception centre cases, and accommodation was provided for either one or two nights. I must again draw attention to the fact that, having no reception centre in Oxford puts an undue burden upon residential accommodation which is not designed for this purpose, and upon staff who are usually called upon during the night to deal with the applications.

Of the remaining 8 new applications 2 were helped to find alternative



accommodation and did not need admission. 6 had to be admitted for periods varying between two days and one week. The 2 cases remaining in from the previous year found a solution to their problems after a stay of one year each, and 1 of the new cases remained in at the end of the year.

All admissions of cases not reception centre cases involved women with children, and I consider that Oxford can be considered to be very fortunate when compared with other towns.

### (3) Welfare arrangements for Handicapped Persons

#### (a) Blind

##### Statistics

During the year 16 people were certified as blind, and 5 as partially sighted.

This Authority is fortunate inasmuch as the examination of persons for certification is carried out at the Eye Hospital, and any medical or surgical treatment required is arranged as soon as the case is ascertained. In consequence, the number of blind people refusing to take advantage of remedial treatment is kept down to a minimum.

The following table shows the diagnosis of cases registered during the year, and the numbers where treatment was recommended:—

(i) Number of cases registered during the year in respect of which para. F (i) of Forms B.D. 8 recommends:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment .. ..	2	3	—	5
(b) Treatment (medical, surgical or optical) ..	3	2	—	1

The number of registered blind persons in the City is shown, in age groups, in the following table:—

0-1		2-4		5-15		16-20		21-39		40-49		50-64		65-69		70 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	4	—	—	1	3	5	9	7	10	16	10	10	39	73

Total 75 males and 112 females = 187, of whom 158 are over 50 years old, and 132 over 65 years old.

1 boy is at Birmingham School for the Blind, 1 at a special school for the blind, 1 attends the Occupation Centre, 1 at Pewsey Mental Hospital, and 1 at Bradwell Grove Mental Hospital. 1 girl is in the Ellen Terry Home for Mental Defectives.

## Employment

### (i) *Open Industry or Self-Employment*

20 people are employed in open industry  
 5 (4 men and 1 woman) in factories  
 1 employed by Local Authority  
 1 Sub-Post Office Mistress  
 1 Telephone Operator  
 1 articled to a Solicitor  
 1 Masseur  
 1 University Lecturer  
 2 Shopkeepers  
 7 in other occupations.

Several totally blind women are running their homes very efficiently without help.

## Home Workers Scheme

2 machine knitters                      1 Braille copyist

## Workshop Employment

Workshops for the blind are provided at The Laurels, Headington, and at 4 Little Clarendon Street. The following are working in workshops:—

<i>Men</i>	<i>Women</i>	<i>Trade</i>
1	1	Chair caning
1	—	Mat making

## Marketing of Goods

The Council operates a retail establishment at 4 Little Clarendon Street, Oxford. The prime function of the shop is to market the products of the blind, but the opportunity has been taken to offer the facilities of the shop to all handicapped persons supervised by the Occupational Therapy Section of the Health Department.

The retail business has again improved upon its impressive record since 1952, and again, due appreciation must be recorded of the efforts of the Manager in maintaining the progress. Mention must also be made of the quality of the goods made both in our own workshops and those workshops operated by other Authorities. No customer will purchase shoddy goods, and the sales and orders speak for the quality of our products.

## General Welfare

Arrangements have been made for a number of blind people to have holidays at Homes for the Blind.

Wireless sets from the British Wireless for the Blind Fund have been



supplied to all blind persons in need, and maintenance and repairs continue to be covered by the City Council.

Subscriptions to the National Library for the Blind are paid for 13 readers. 5 blind persons are being taught Braille. 2 blind people, 1 man and 1 woman, own Guide Dogs.

### Social Activities

Except for a break during the summer holiday period and at Christmas time, socials were held three times each month. A varied programme of entertainment was provided. Assistance has been provided at the Socials and at other functions for the blind by several regular voluntary helpers including drivers who have assisted the Almoner and Home Teacher by bringing infirm blind people to the Socials. This help has been much appreciated. The Christmas Party at the Town Hall, and the Summer Outing to Salisbury and Stonehenge were well attended and much enjoyed. Those who attend the Socials went for an outing to Woburn Abbey.

The City Division of the St. John Ambulance Brigade invited some blind people to their Christmas Party.

### Voluntary Help

The Oxford City and County Society for the Blind have continued to assist the blind financially towards the provision of holidays, invalid foods, extra comforts, and with Christmas gifts to those blind who are aged and infirm, in hospital, or other accommodation away from their own homes.

The Oxford Eye Hospital Patients' Welfare Fund has continued to be responsible for the cost of transport of the aged and infirm to the Christmas Party.

### (b) Deaf Blind

There were 9 deaf-blind on the Blind register, 3 men and 6 women.

### (c) Partially Sighted

At the end of 1957, there were 100 persons on the observation register. All these people are substantially and permanently handicapped by defective vision. 2 are having lessons in Braille.

The following table shows the age group on the register:—

0-1	2-4	5-15	16-20	21-49	50-64	65 +
M F	M F	M F	M F	M F	M F	M F
— —	— —	1 3	2 —	8 5	7 8	27 39

Total 45 males and 55 females = 100, of whom 81 are over 50 years old and 66 are over 65 years old.

#### (4) Other Handicapped Classes

The Council, on the 1st April, 1955, adopted schemes to provide for the welfare of the deaf and dumb, the hard of hearing and the general handicapped classes.

##### (a) Deaf and Dumb

The Council's functions in relation to the deaf have been delegated to the Oxford Diocesan Association for the Deaf, who have for many years been carrying out valuable welfare work amongst the local deaf, and have been assisted financially by the Council to do so. During the year ended 31st March, 1958, a grant of £700 was made to the Society, and I am indebted to Miss E. Colcutt, the Secretary, for the following statistics and information.

0-15		16-64		Over 65	
M	F	M	F	M	F
8	5	25	16	9	6

A new Centre for the Deaf was acquired during the year and came into use in December, 1957. This project will, I am sure, prove to be an immense step forward in the provision of welfare facilities for the Deaf. In addition to its prime use, agreement has been reached with the Hard of Hearing and the Parents of Deaf Children Societies whereby facilities are available to these groups in the new Centre. As the Centre is situated in the centre of the City it should prove much more accessible for these handicapped classes.

##### (b) Hard of Hearing

The Welfare of this group in the City is cared for by the Hard of Hearing Club, which is closely connected with the Department of Otolaryngology at the Radcliffe Infirmary. Meetings were held in St. Michael's Hall, but with the opening of the new centre mentioned in the previous paragraph, the group will meet at the Centre. A financial grant has been made each year by the Council to meet the cost of the hire of the rooms. The Club is flourishing and does a great deal towards promoting the general welfare of the group.

The following table shows the age groups on the register:—

Under 16		16—64		65 and over	
M	F	M	F	M	F
—	—	10	55	5	28

##### (c) General Handicapped Classes

The adoption by the Council of the schemes for promoting the welfare of the general handicapped classes during 1955, meant an extension of the operations of the section.



The staff appointed for this work included a field welfare officer (full-time) and the use of the services of an occupational therapist (half-time).

Since the implementing of the scheme in Oxford a great deal of work has been done in helping the handicapped, a large percentage of whom are home bound. Mention must be made of the co-ordination of voluntary effort in this work, whereby it has been possible in a number of cases to make home life more bearable. Adaptations to homes, cleaning, re-decorating and medical and recreational facilities have been carried out by the Local Authority staff and voluntary workers. A party of students from the University have at certain periods during the year, with the co-operation and direction of my welfare officer staff, carried out a great amount of social work (and manual labour) inside the houses of handicapped persons.

A total of 90 persons were ascertained to be permanently and substantially handicapped, and expressed a desire to be registered with the Local Welfare Authority. The following table shows the age groups on the register:—

Under 16		16—64		65 and over	
M	F	M	F	M	F
—	—	40	33	16	1

The British Red Cross Society organises a Club for Crippled Persons which meets fortnightly at 101 Banbury Road. This Club is an invaluable aid in the provision of recreational facilities for these handicapped persons, and the officers of the Welfare Section have encouraged and aided as many as possible to attend within the limits of the Club which at present has an active capacity membership. Many more would like to attend more frequently and it is hoped that it may be possible soon to extend the facilities.

The search for suitable premises for a sheltered workshop having been concluded successfully, negotiations were started to obtain the necessary permissions and grants to proceed with the work. These efforts also met with success, and the work to adapt the Red Barn into a sheltered workshop providing facilities for up to thirty-five persons was actually started by the end of the year.

This total may be in excess of the needs of the City alone, and I feel confident that, when it is functioning, facilities can be offered to the Oxfordshire and Berkshire County Councils for the benefit of blind and handicapped workers living near the City boundaries.

#### (i) Spastics

There are 33 spastics known to the Department, 15 are adults (11 male

and 4 female, and 18 children (10 male and 8 female). All 15 adults are normally resident in their own homes.

Of the 18 children, 8 are attending ordinary schools, 4 are attending special schools, 2 attend the Occupation Centre, 3 are attending a Spastic Centre, 1 is in a residential special school.

The Oxford and District Association for the parents of spastic children have continued their efforts towards the provision of special services, and it is pleasing to report that they have succeeded in opening a new Spastics' Centre at the Churchill Hospital.

An occupational therapy service is available to those Adult Spastics who are able and willing to benefit from same.

## **(ii) Epileptics**

7 Adult Epileptics (2 male, 5 female) are known to the Department. All of these cases are major epileptics.

This is a figure, which, I feel sure, does not bear any real relationship to the actual number who suffer from this complaint. Fortunately, the great majority of the minor cases are able to continue in normal employment.

## **Meals on Wheels**

This service has been continued during the year by the W.V.S. and the British Red Cross Society, and an average number of 120 old people are supplied with a hot meal twice weekly. This figure shows an increase of forty over previous years, and reflects the necessity of such a service. The meals, at a cost of 9*d.* per meal, are paid for by the recipient, the Council only being responsible for the cost of transporting meals at the rate of 6*d.* per mile. The food is cooked and supplied by the Catering Department of the City.

## **Chiropody Service**

The service instituted by the Oxford Council of Social Service in 1953 has continued and expanded its invaluable service to old people in the City. It is only necessary to visit the Old People's Clubs and mention the service to assess its true worth.

A complete service for all areas of the City is maintained through the nine Old People's Clubs which are situated in different parts of the City.

Chiropody treatment is given to those old people who are unable to attend the Clubs or who are unable to go out without transport. These cases are taken to the Laurels where the clinic is held weekly. The average weekly attendance here is 6, and at the end of the year a total of 71 homebound persons had received a total of 276 treatments. A number of these persons after treatment were able to walk again and continued their treatment at the Clubs.

Since the institution of the scheme, a total of 5,900 treatments have been given.



The cost to the recipient is at the rate of 2/- for each treatment.

The total cost of the scheme to date is approximately £1,755, the old people have contributed approximately £600 of this and the balance of £1,155 has been met by generous contributions from local charities and voluntary organisations.

### **Removal of persons in need of care and attention**

It was not found necessary to use the Council's powers under Section 47 of the National Assistance Act, 1948, during the year.

### **Temporary protection of property of persons admitted to hospitals, etc.**

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 11 cases during the year.

### **Burial or cremation of the dead**

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year, it has been necessary for the Council to arrange eight such burials, and in five cases part recovery of the cost involved has been made.

### **Civil Defence—Welfare Section**

Since 1952, the responsibility for the training and organisation of the Civil Defence Welfare Section has been our concern. Early in the year, Mr. Bradberry, who had been appointed to attend to the clerical side of this work qualified as an instructor and was appointed as such.

The main functions of the Welfare Section in time of war would be the Reception and Care of the Homeless, and Emergency Feeding. More than half of the total strength of the Civil Defence Corps is made up of Welfare Section personnel, who now number 325. Of these 167 have been trained in Rest Centre work and 115 in Emergency Feeding; 166 have had First Aid Training and 89 Home Nursing training.

It should be noted that the Civil Defence Corps is trained and prepared to operate in peace time disasters, such as large scale flooding, rail and air crashes, fires, etc. The Welfare Section would accommodate homeless persons in Rest Centres and feed them. Certain Community Associations have agreed to use their centres for such accommodation if the need arose.

I am grateful for the help provided by the Voluntary Aid Societies to Civil Defence, i.e., The British Red Cross Society, The St. John Ambulance Brigade and the Women's Voluntary Services.

These organisations have helped in the training in First Aid and Home Nursing and also in supplying personnel for the whole of the Welfare Section of the Civil Defence Corps, which includes rest centres, emergency feeding and clothing.

## SECTION IX

## ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E.  
Chief Public Health Inspector

Despite shortage of staff the responsibilities tended to increase during the year under review, for our Slum Clearance programme was pressed forward, while progress in clean air measures continued with our first Smoke Control Area being confirmed by the Ministry shortly after the end of the year. The Rent Act 1957 focussed attention on housing conditions and rents, and the amount of work involved in dealing with comparatively few houses was considerable. It is not a new thing for the Public Health Inspector to act as mediator between Landlords and Tenants but our position in the matter of house repairs under the new Act is fraught with difficulties. The Rent Act procedure is, of course, quite separate from that under the Housing and Public Health Acts but being closely allied to Housing Act practice it is not easy to secure a new approach to problems arising under the new Rent Act. Numerous enquiries had to be dealt with regarding Disrepair Certificates and associated matters, and care had to be taken to avoid giving advice as opposed to mere information. Although few Certificates had been served by the end of the year this was in no way a reflection of the large amount of time spent in dealing with enquiries and questions.

A number of Clearance Areas were formulated within the St. Ebbe's Redevelopment zone and many individual houses were dealt with in St. Ebbe's and elsewhere. By the end of the year we were well in advance of our proposals under the Slum Clearance programme but still greater effort will be needed to keep up the progress during 1958.

Work under the Clean Air Act gradually increased in momentum and our first Smoke Control Area will operate from November 1st 1958. It is hoped by that time to have a second area in operation—that on the Blackbird Leys new housing estate—which should, it is considered, conform to the requirements of the Clean Air Act in being smokeless from the outset, for every dwellinghouse will be provided with approved appliances capable of burning Smokeless Fuel, and little difficulty should therefore be experienced in securing smokeless combustion.

Records of pollution continue to be made throughout the City there being 10 Sulphur Peroxide instruments in use and 2 Daily Volumetric Recorders. The Geography School of the University have, with the co-operation of Professor Gilbert and his staff, set up the second Daily Recorder as a means of comparing readings to the North East of the central Smoke Control Area with those taken in this office. The annual average level of  $\text{SO}_2$  in the central area of the City as recorded at the Carfax



instrument showed a further decrease—being the lowest since records were commenced some 4 years ago. This is an encouraging sign.

At Cowley an installation for dealing with paint effluent from motor body painting was completed and is said to be the most up-to-date in the whole of Europe. Although only one of two paint lines had been opened by the end of the year, paint odour, although noticeable, was not considered excessive.

The public generally have reacted favourably to the Clean Air Act requirements and, as in the field of Food Hygiene, are now expecting better standards.

Food Hygiene activities continue with staff encouraging all those who, so far, have continued to make real attempt to comply with Regulations. Further prodding of the few laggards has been carried out and some prosecutions during the year made it quite evident to all food handlers in the City that pressure will be applied where considered necessary. On the whole, standards are good and progress positive.

Our illustrated talks continue to be popular with various associations and societies, guilds, school leaving classes and domestic science forms. Apprentice training courses and training groups of licensed victuallers have also received lectures on appropriate sections of their syllabuses.

Work has continued in the field of rodent operations with maintenance treatments of the sewerage system, and our contract arrangements for vermin eradication from buildings in the City have been continued successfully. The use of Warfarin poison bait in the sewers seems to have produced a low level of infestation.

It is satisfying to note the continued good standards of milk and milk products and to report that no positive tuberculous milks were found during the year. The level of tuberculous infection among cattle slaughtered fell to a new low record and this reflects the continuing success of the eradication scheme.

Improvements are proceeding at one of the two local Slaughterhouses and it is hoped that the other will be modernised in view of the requirements of the new Slaughterhouse Regulations. The number of cattle slaughtered locally was reduced but the standard of inspection was not relaxed. *Cysticercus Bovis* appeared somewhat more evident but it is a pity that throughout the animal marketing trade a more reliable system of tracing the origin of affected animals is not available. It was seldom easy to trace animals on account of unreliable marking or absence of identification numbers.

Among the samples of food and drugs taken were a batch of milk samples which showed added water and resulted in a successful prosecution. Adulterated pepper and mouldy sweets also led to fines being imposed. There still seems much minor fault in labelling of common pharmaceutical preparations and foodstuffs. Surely the time has come when labelling in a clear and unmistakable way should be a statutory requirement. The public have the right to know what they are purchasing.

There is still the strange anomaly that one may secure more meat in a sausage roll for less money and less meat in an article costing more. Samples taken proved once again that there is no relation between meat content and price.

Further sampling of imported egg material still revealed very unsatisfactory bacteriological condition—one sample actually containing *Salmonellae* (food poisoning) organisms. The burden of responsibility thus placed on food handlers and Public Health Staff is unfair and the Government are being constantly reminded about the danger of importing food of such quality. Hygienic conditions in the open and covered markets continue to improve and no doubt further progress will be made in the Covered Market as drainage works and modernisation of stalls proceed.

As a means of combating shortage of staff—which is all too common throughout Local Government but particularly in our section—an increased number of pupils was approved. Three are now receiving practical instruction and experience concurrently with their Technical College training. This system should do much to improve the standards attained in the qualifying examination, and increase the intake.

All members of the staff gave loyal and helpful co-operation throughout the year and I am indebted to them and to my Deputy Mr. Edlington for a year of useful teamwork.

The report is, as usual, presented under the three sections (*a*) General Sanitary Circumstances and Water Supply, (*b*) Housing, and (*c*) Supervision of Milk, Meat and Other Food Supplies.

## (A) GENERAL SANITARY CIRCUMSTANCES

### (i) Complaints and Inspections

There were during the year 1,367 (1,347) complaints received, slightly more than during the previous year. Clean Air activities provoked a number of complaints regarding smoke nuisances. The list of complaints shows the variety of matters dealt with—more than half being concerned with infestations by rodents and other pests. Apart from an increase in the number of infestations by wasps during the summer, figures generally differ little from those of previous years.

In the tables which follow increase may be noted in the number of inspections made (despite shortage of staff) in connection with food hygiene, licensed premises and housing. Further work was also carried out in connection with the proposed Central Smoke Control Area and final details were submitted to Council towards the end of the year.

Complaints—	No.
Accumulations of Refuse .. .. .	22
Choked and Defective Drains .. .. .	38
Defective Water Closets .. .. .	11
Dirty or Verminous Premises .. .. .	57
General Housing Defects (including dampness) .. .. .	136



Infestation by Insects and Pests	..	..	..	..	102
Infestation by Rodents	..	..	..	..	695
Infestation by Wasps	..	..	..	..	142
Keeping of Animals	..	..	..	..	4
Noise Nuisance	..	..	..	..	7
Offensive Odours	..	..	..	..	85
Overcrowding	..	..	..	..	7
Smoke Nuisances	..	..	..	..	33
Unwholesome Food, Containers and False Descriptions	..				28

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1,367

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### Number and Nature of Inspections

No.

Animal Nuisances	..	..	..	..	..	37
Drainage	..	..	..	..	..	482
Housing	..	..	..	..	..	2,754
Interviews	..	..	..	..	..	789
Licensed Premises	..	..	..	..	..	351
Lodging Houses	..	..	..	..	..	34
Miscellaneous	..	..	..	..	..	829
Overcrowding	..	..	..	..	..	11
Pet Animals	..	..	..	..	..	21
Pharmacy and Poisons Sellers	..	..	..	..	..	151
Piggeries and Stables	..	..	..	..	..	202
Public Conveniences	..	..	..	..	..	71
Rats and Mice	..	..	..	..	..	1,623
Refuse Storage and Accumulations	..	..	..	..	..	304
School Premises	..	..	..	..	..	67
Shops Act	..	..	..	..	..	315
Tents, Vans and Sheds	..	..	..	..	..	213
Theatres, Cinemas, etc.	..	..	..	..	..	5
Verminous Conditions	..	..	..	..	..	211
Water Sampling and Supply	..	..	..	..	..	33

### Atmospheric Pollution

Enquiries Pollution	..	..	..	..	..	150
Smokeless Zone	..	..	..	..	..	162
Smoke Observations ( $\frac{1}{2}$ hour)	..	..	..	..	..	126
„ „ (casual)	..	..	..	..	..	202
S.O. <sub>2</sub> Recording Stations	..	..	..	..	..	133
Boiler Plants	..	..	..	..	..	108
Noise and Dust	..	..	..	..	..	8

### Food Hygiene

Food Hygiene Regs.	..	..	..	..	..	3,088
Special Canteen Visits	..	..	..	..	..	73
Food Poisoning	..	..	..	..	..	—

## **(ii) Sanitary Circumstances of Aged Persons**

Close co-operation continued with the Welfare Section and assistance was provided when required.

## **(iii) Lodging Houses**

The only official licensed Common Lodging House in the City is that at the Charles Street Annexe of the Church Army Working Men's Hostel. This Annexe provides some 35 beds for persons of the poorer class who are unable to afford higher charges in hostels or elsewhere. The Church Army continue to provide this very valuable service.

There is no doubt that a certain amount of "sleeping rough" continues by persons of the type formerly using Common Lodging House accommodation. They are consequently liable to become dirty and verminous, are often difficult to trace and not generally amenable to treatment. There were 15 persons treated during the year for verminous conditions as compared with 8 during the previous year. Facilities are available at the Laurels residential accommodation and for inmates of the Lodging House at the Charles Street Annexe. Bedding and outer clothing is treated with D.D.T. powder while sterilisation of bedding and under-clothing is carried out at the Slade Hospital.

## **(iv) Moveable dwellings**

There was a further reduction in the number of caravans and sites licensed for occupation, 45 being permitted on 23 sites. This reflects the attitude of the Planning Committee in their endeavour to reduce the number of sites authorised for caravan occupation within the City. The largest site involved only 6 dwellings and gradual elimination of the "bus-body" type of accommodation continues. Licensing arrangements endeavour to provide for Town Planning approval of sites prior to consideration of Public Health Licences for individual dwellings. Close liaison between the two departments has continued satisfactorily without much difficulty in licensing procedure. Conditions generally were good, water supply and sanitary accommodation being provided at or near the sites and storage and collection of refuse arranged for, to a satisfactory standard. In addition, all caravan dwellers are required to give heed to fire precaution arrangements to the satisfaction of the Local Fire Prevention Officer.

## **(v) Offensive Trades**

No offensive trades are registered within the City and apart from one long established marine store dealer, only a few collectors of rags operate within the City.

## **(vi) Canal Boats**

Little traffic exists on the stretch of the Canal in Oxford apart from occasional barges used for coal and building materials and one or two



holiday barges which are being used during the summer months for pleasure traffic as an alternative to industrial use. The barges have been specially fitted out and are hygienic and attractive.

Attempts to safeguard the future of the Canal are apparently still active.

### **(vii) Drainage**

Fewer complaints than last year regarding drainage defects were received by the Department 38 (49) and all were satisfactorily dealt with.

Close contact is maintained with the Building Inspectors and Drainage Section of the Department of the City Engineer.

The new sewage works are now in operation and have caused considerable interest, their design being one of the most up-to-date in the country. Certain works to provide a relief sewer to obviate surcharging in the Woodstock Road area are, it is understood, hoped to be carried out in the near future.

### **(viii) Riding Establishments, Stables and Piggeries**

202 (165) inspections of these premises were carried out and conditions generally found satisfactory. District Inspectors discovered little in the way of nuisance. 3 riding establishments continue to be licensed and subject to visits by the officially appointed Veterinary Surgeon and the District Inspectors. The number of piggeries known to exist within the City is 48. Particular regard was given at Christmas time to conditions in the premises of poulterers and pig keepers. In the former case attention was given to hygienic conditions as an aid to the Divisional Veterinary Officer of the Ministry of Agriculture in his effort to cope with possible spread of fowl pest. It was necessary to secure registration of certain pig keepers who regularly keep more than 4 breeding sows by reason of the requirements of the Diseases of Animals (Waste Food Order). In a few cases where there was need for hygienic improvement registration was made subject to satisfactory works being carried out. There were 16 premises on the Register at the end of the year.

### **(ix) Pet Animals**

21 visits were made to 9 premises licensed under the provisions of the Pet Animals Act. Conditions were satisfactory and the businesses generally well operated.

### **(x) Factories and Workplaces**

There were fewer inspections during the year due to shortage of staff, two districts being without full time Inspectors for the major part of the period. Contraventions found were isolated only; general conditions proved good. Close liaison with H.M. Inspector of Factories was maintained. 24 visits were made to offices and similar workplaces with 49 visits to outworkers premises, there being 38 on the register. These premises are mainly concerned with dressmaking, tailoring, glove-making and toy-filling.

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority ... ..	88	42	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	396	191	7	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	8	7	—	—
Total ... ..	492	240	10	—

Defects found in Factories

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	2	—	—	2	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	1	—	—	1	—
(b) Unsuitable or defective ...	16	22	—	1	—
(c) Not separate for sexes ...	1	—	—	—	—
Other offences (not including offences relating to Homework) ...	—	1	—	—	—
Total ...	20	23	—	4	—



**(xi) Shops**

315 inspections of shops were carried out during the year and in only 7 cases was it necessary to serve Notices under the health provisions of the Shops Act, 1950. The general standard of hygiene and cleanliness found was again quite good, and no cases calling for particular comment were found. The Chief Inspector of Weights and Measures Department is responsible for hours of employment and other staff matters.

**(xii) Pest Extermination**

Infestations of rats, mice and other vermin are dealt with by a staff of assistants who carry out their operations under the direction of the Inspectors. It was possible with 3 assistants only during most part of the year to cope with the work although this effort to operate with reduced staff unfortunately coincided with an unavoidable increase in the hourly rates chargeable for the work. Special treatment of the City's sewerage system continued to be carried out periodically with the advice and co-operation of Officers of the Ministry of Agriculture, Fisheries and Food.

Door-to-door survey work proceeded during the major part of the year with particular attention to North and East Oxford where 2,324 premises received visits and any infestations found received the necessary attention. 23 infestations of rats and 70 of mice were dealt with as a result of these visits. There was a slight increase in the number of infestations found but the general picture of infestations throughout the City shows that a greater measure of interest exists with constant activity by staff to seek out and deal with infestations reported upon by a more co-operative public.

3 maintenance treatments throughout the general sewerage system of the City continued during the year, 240 manholes being treated during April with 240 during May and a further 189 during September. In all cases treatment consisted of baiting with Warfarin incorporated in a pin-head oatmeal base to which had been added sugar, technical oil and paranitrophenol (a mould inhibitor). Activity found during the April treatment was small; at the commencement only 4 complete takes of bait being noted. On completion only 2 partial takes were recorded and a number of dead rats were recovered from the sewerage system. Only one complete take was recorded during treatment of 240 manholes in East, South and West Oxford during May and while 25 partial takes were noted, there was found little practical evidence of rats. There were still signs of surcharging in a number of the West Oxford area manholes.

A follow-up treatment was carried out in September over the same areas. 189 manholes were treated with only 8 obvious takes of bait although 54 partial takes were noted. It was considered doubtful that many of these were in fact due to rodent operations.

The general results suggest a considerably reduced rat population throughout the sewerage system and the new treatment with anti-mould bait seems to be proving very effective.

Treatment of premises on an Annual Contract basis continued throughout the year, there being 32 agreements in force as against 31 last year. Treatment under the agreement in each case includes extermination as necessary of common insect pests in addition to the clearance of rat or mouse infestations. Preparations used included D.D.T. and Gammexane in kerosene, Pybuthrin preparations (which have been effective against flying insects), and Chlordane and Dieldrin against infestations of Pharoah's ants.

A certain amount of spraying against mosquito infestations was found necessary in the summer during warm humid spells following complaints from residents near waterlogged open spaces and gardens. Such action was usually effective and highly appreciated.

There was a slight decrease in the number of complaints regarding infestations of insect pests but a slight increase in the number of persons found affected by body lice (15). These persons were mainly resident in the Church Army Hostel and treatment was carried out in the usual way by the use of D.D.T. powder, bathing of the persons and treatment with insecticidal cream, together with sterilization of bedding and under-clothing. Only slight infestations of cockroaches, fleas and bed bugs were noted and it is obvious that modern insecticides have been responsible for the high degree of success against the infestations in general. There were 142 (123) complaints of wasp nests and as usual, treatment was carried out free on the instructions of the Health Committee. The use of a modern insecticide in kerosene has proved most effective.

<i>Visits by Operatives in connection with Rodent Extermination</i>						<i>Totals</i>
Local Government Premises—						
1st Visits	..	..	..	..	..	29
Re-visits ..	..	..	..	..	..	184
						213
Dwelling Houses—						
1st Visits	..	..	..	..	..	587
Re-visits ..	..	..	..	..	..	4,063
						4,650
Business Premises—						
1st Visits	..	..	..	..	..	156
Re-visits ..	..	..	..	..	..	1,482
						1,638
University Premises—						
1st Visits	..	..	..	..	..	17
Re-visits ..	..	..	..	..	..	321
						338
						—
						6,839
<i>Baits Laid</i>						
Pre-baits	..	..	..	—		
Poison baits	..	..	13,869			
Post-baits	..	..	..	—		



# Prevention of Damage by Pests Act, 1949.

Report for Year ended 31st December, 1957.

	TYPE OF PROPERTY				(5) Agri- cultural
	Non-Agricultural				
	(1)  Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4)  Total of Cols. (1) (2) & (3)	
*Number of properties in Local Authority's Dis- trict .. .. .	297	27,041	3,981	31,319	79
Number of properties in- spected as a result of:					
(a) Notification ..	21	404	152	577	—
(b) Survey under the Act	2	2,158	85	2,245	79
(c) Otherwise (e.g. when visited primarily for some other purpose) ..	44	1,087	1,018	2,149	—
Total inspections carried out—including re-in- spections .. .. .	141	5,970	14,811	20,922	79
Number of properties in- spected which were found to be infested by:					
(a) Rats { Major {	2	—	—	2	—
{ Minor {	11	233	67	312	—
(b) Mice { Major {	—	—	—	—	—
{ Minor {	13	317	121	451	—
Number of infested pro- perties treated by the Local Authority ..	26	550	188	764	—
Total treatments carried out—including re-treat- ments .. .. .	29	587	204	820	—
Number of notices served under Sec. 4 of the Act:					
(a) Treatment .. .. .	—	—	—	—	—
(b) Structural work (i.e., Proofing) .. .. .	—	2	1	3	—
Legal Proceedings ..	—	—	—	—	—
Number of “Block” con- trol schemes carried out	—	—	—	298	—

### (xiii) Atmospheric Pollution

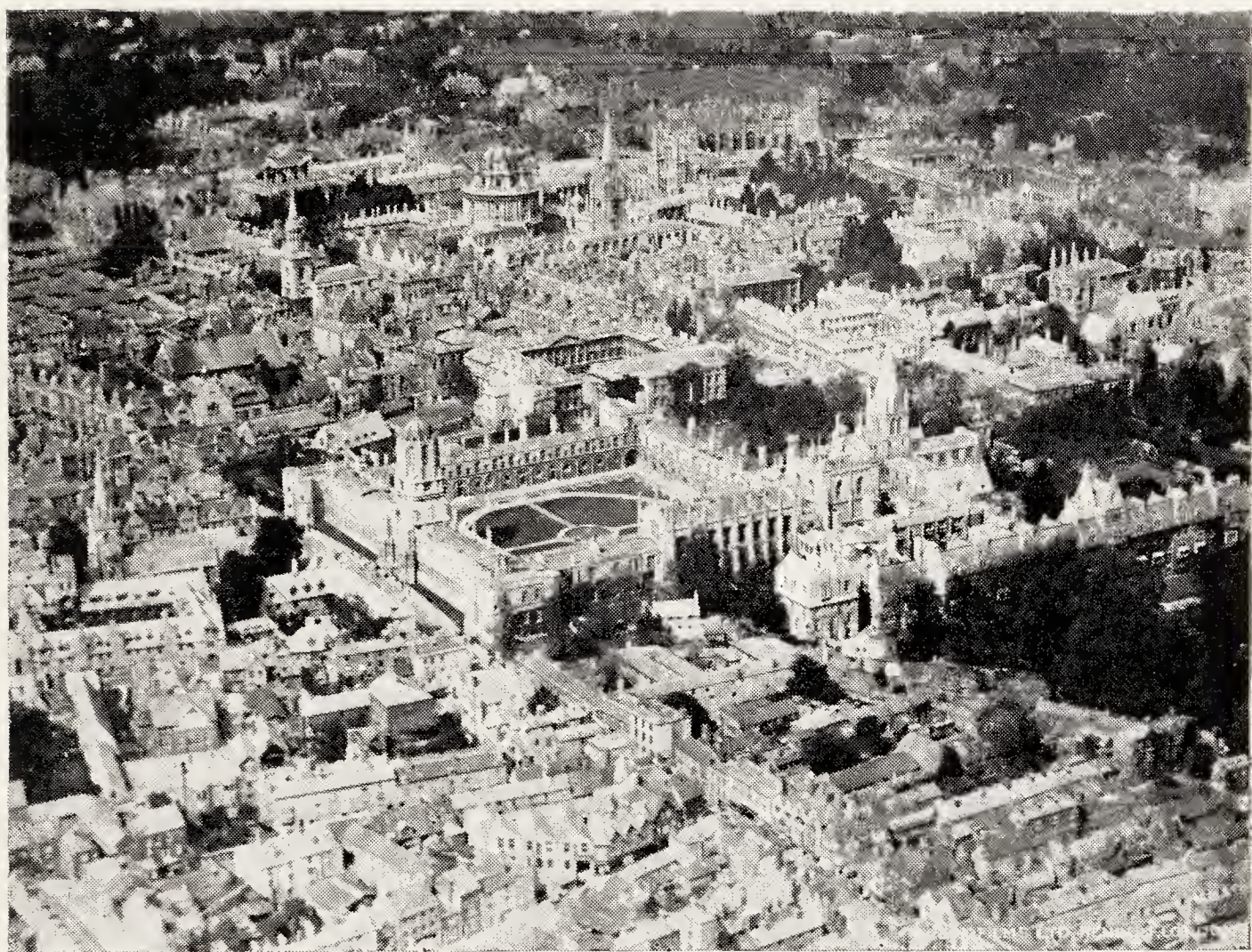
As mentioned last year the Clean Air Act 1956 altered the attitude of the City Council towards the use of the Local Act Powers relating to Smokeless Zones and accordingly consideration was given to the formation of Smoke Control Areas on the lines of our original suggestions. It was evident during the year that our publicity and activity in relation to such Clean Air measures had resulted in considerably increased use of smokeless fuels both inside and outside the proposed areas. There has been considerable decrease in the burning of coal in the Central Area and increased use of smokeless solid fuels, electricity, gas, and oil. The general average of sulphurous gases as shown by the Lead Peroxide Recorder on the roof of Telephone House in the Central Area continued to show a downward trend, averages during the past four years being 2.2; 2.1; 1.98 and 1.80.

Preliminary information and a map showing our proposed Central (No. 1) Smoke Control Area were submitted to the Ministry in May and in July the Minister agreed to the carrying out of a detailed survey with the object of making a Smoke Control Order. Despite shortage of staff and pressure of other duties, it was possible to complete the survey by the end of the year and confirmation by the Council early in 1958 was confidently expected.

In an area of about 173 acres there were found 39 industrial premises (mostly small in extent) 557 commercial premises—mainly shops and offices, 157 dwellings, being flats or houses, and 66 other premises, including the colleges of St. John, Balliol, Trinity, Lincoln, Exeter, Jesus, Corpus Christi, Brasenose, Oriel and Christ Church. Most of these Colleges on their own initiative, have already reduced coal burning to negligible proportions through schemes of conversion principally from a labour saving motive but not, it is assumed, without some consideration to the benefits to be achieved by cleaner air and less soiling and erosion of their priceless buildings. 44 open fires require amendment; 18 existing approved appliances fitted with gas ignition and in 3 cases electric points appear to be all that are needed. The total cost has been estimated at £526 which is quite close to the original estimation based on an assumption that few fireplaces would need major alteration. Only one plant burning bituminous fuel and used for industrial purposes is recommended for exemption, being an automatic underfeed stoker serving a vertical boiler providing hot water for a commercial undertaking. Approximately 2 tons of sawdust is also burnt per annum for bacon curing by the same firm and exemption in this case is considered reasonable. Exemption has been supported for certain Colleges within the area where burning of logs in halls or common rooms on special occasions is the practice. This is not very extensive but in accordance with long established tradition.

Fuel Merchants and the Gas and Electricity Authorities have no doubt as to their ability to cope with requirements to secure satisfactory Smoke Control over the Central area and a promise of additional supplies of solid smokeless fuels has been received from producers. During the





CENTRAL OXFORD





'CHIMNEYS' OF MOTOR CAR FACTORY EXTENSION. ADJOINING COWLEY AIRFIELD ESTATE

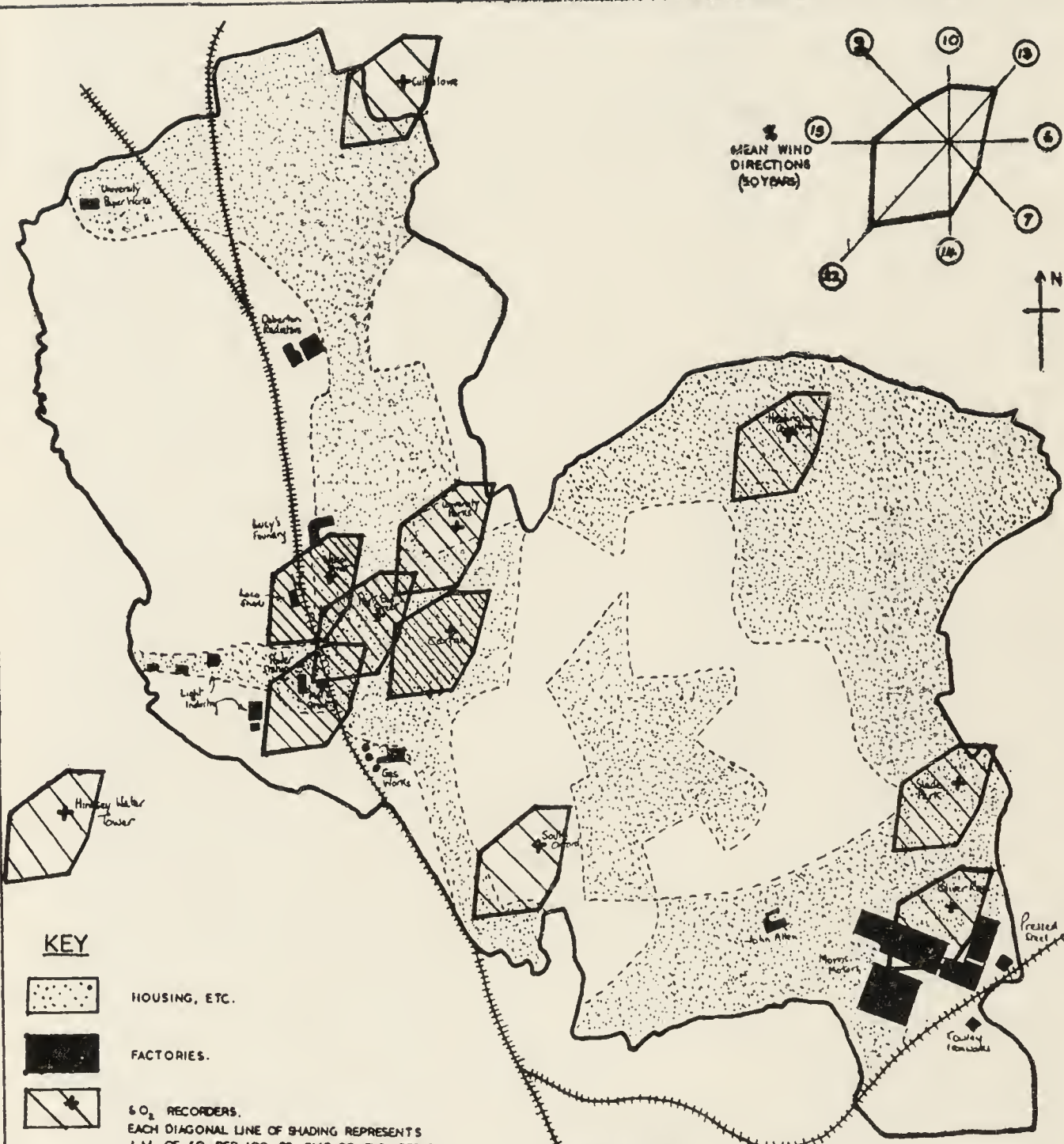


survey and enquiry it was encouraging to note with satisfaction the effort being made by University and City alike through an Historic Buildings Appeal Fund to stimulate interest in the preservation of the priceless heritage of buildings so affected by time and grime. Such effort is well timed with Smoke Control proposals and already cleaning down of college exteriors is having a desirable effect.

Towards the end of the year attention had been directed to a proposal for encouraging new Council tenants on the Blackbird Leys Estate at Cowley to burn only smokeless solid fuels in their approved appliance fireplaces. Housing Committee deprecated pressure through tenancy agreements but recommended the Health Committee to consider formation of a Smoke Control area. This was approved by Committee and Council early in 1958 and was submitted at once to the Ministry for confirmation. It was confidently hoped that Council would also approve the adoption of the special Model bye-law relating to the installation only of approved fuel burning appliances in all new buildings.

Careful attention was given throughout the year to both monthly and daily recording apparatus for considerable interest continues to be shown in sulphur and suspended solid trends. The Geography School, through the co-operation of Professor Gilbert and his colleagues, has set up a daily recording apparatus for sulphur and suspended solids and close collaboration is maintained with this Department. The trend of sulphur pollution during the last 4 years is shown on an accompanying chart and pollution although not reaching industrial area proportions continues to be heaviest at the Carfax centre, with stations in line from South West to North East across the centre of the town showing the next heaviest concentrations. Pollution is allied to general domestic and industrial activity in the west and centre including the Railway, Power Station and the Gas Works. Other Stations recorded comparatively light concentrations although all showed similar trend having close correlation with mean temperatures. A new Station to the east of the Railway Sheds showed fairly heavy concentration even in summer months. The recorder in the Cowley industrial area did not show an unusually high average during the year, but it was interesting to note that with the opening of a new Motor Car body extension to the Morris Works, a higher reading resulted on an additional recorder placed south west of the extension near the boundary of the factory site which closely adjoins flat development on the Cowley Airfield Housing Estate.

The Volumetric Daily Recorder in the Pembroke Street office of the department continued to work satisfactorily and the chart appended shows weekly averages over a period of two years. High readings were evident during foggy and hazy weather and maximum figures reached higher than during 1956. The highest figure so far achieved was 98.0 parts of suspended solids per 100 cubic metres (on the 2nd December 1957) compared with 87.3 in January 1956. On the 3rd December 1957 a reading

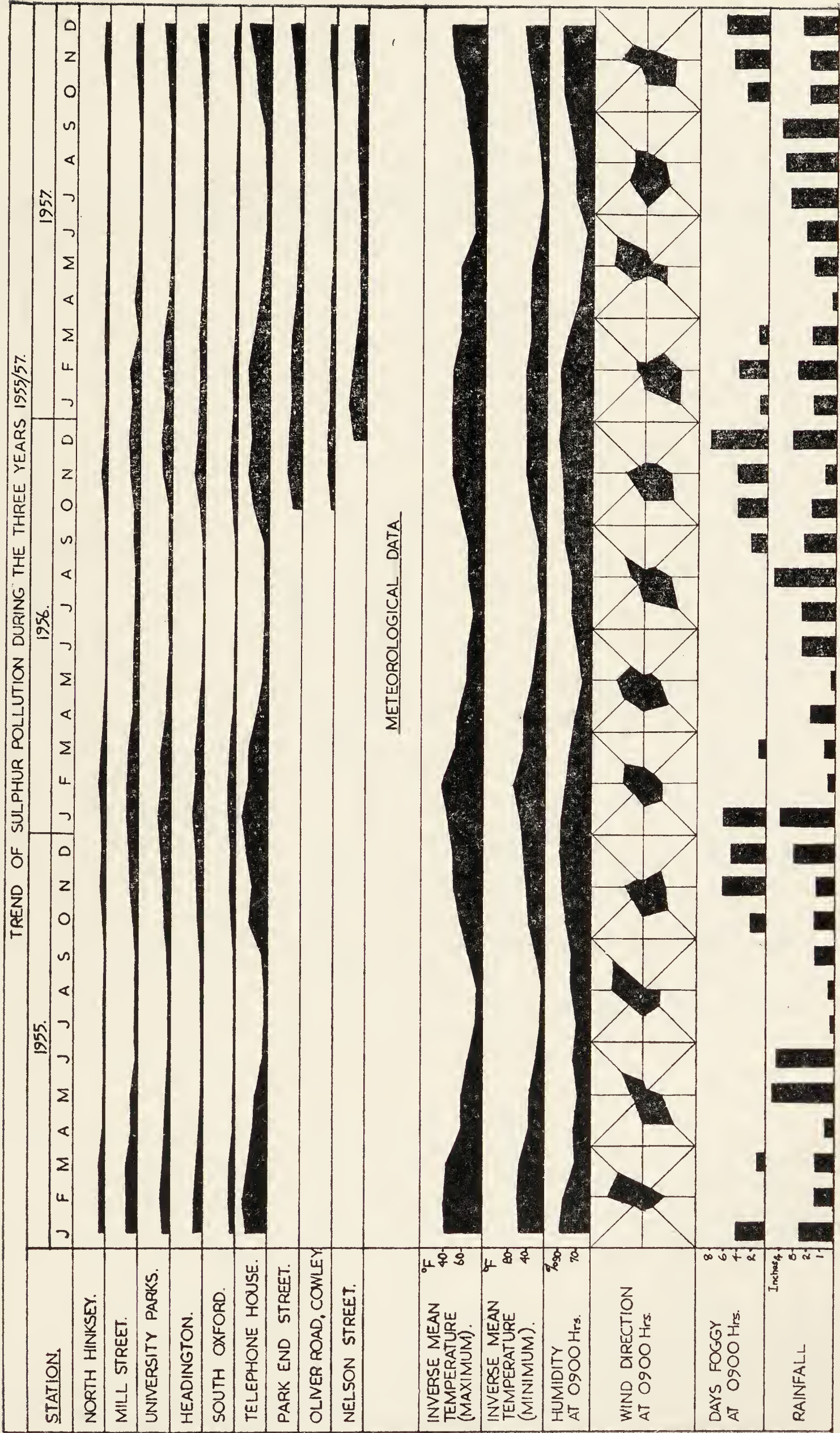


**Fig. 1.**

CITY OF OXFORD.

ANNUAL AVERAGES AROUND SULPHUR RECORDING STATIONS  
(BASED ON WIND CHART).





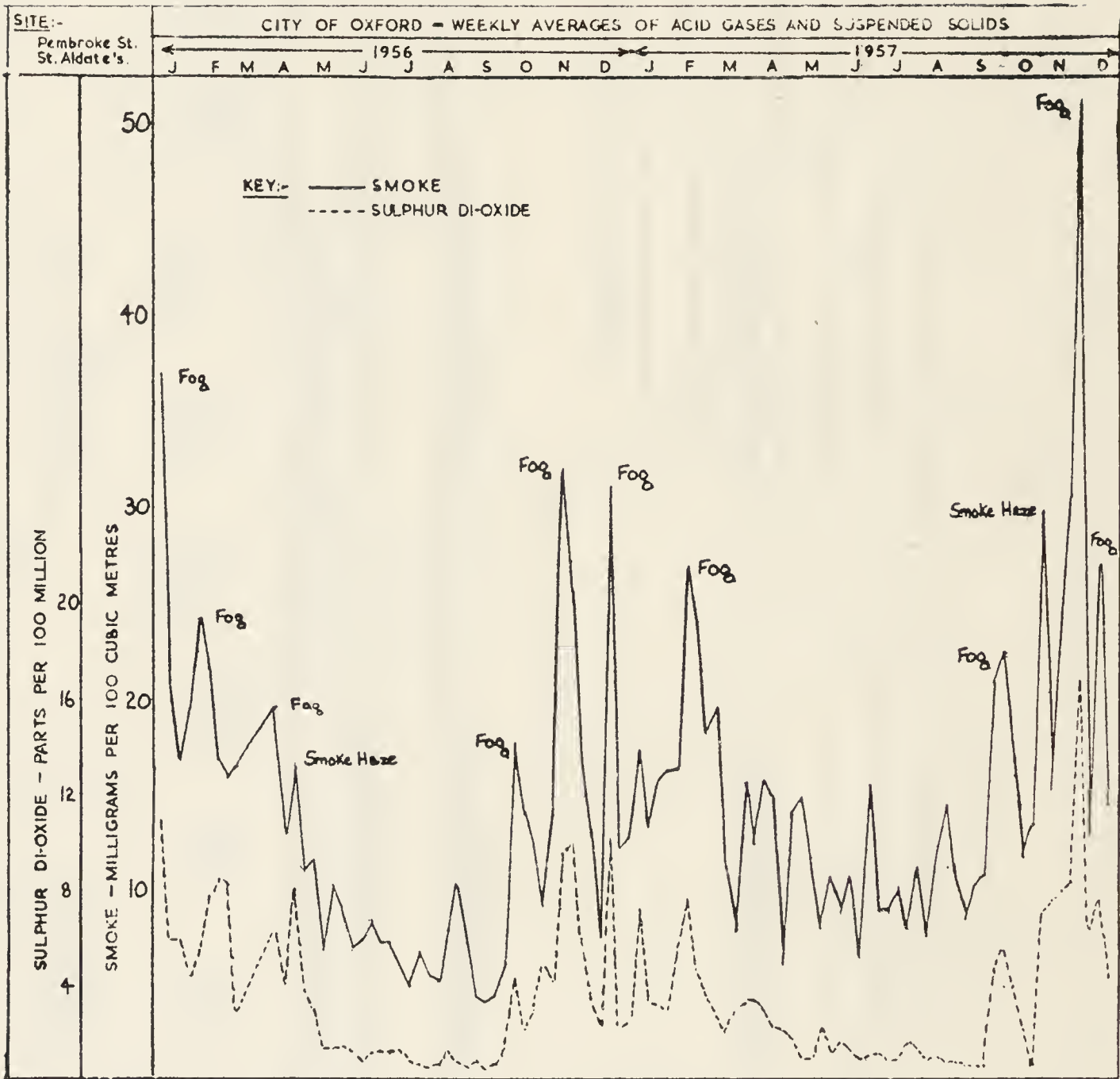


FIG. 2.



of 30.5 parts per 100 cubic metres of sulphur pollution proved the highest daily record compared with 28.8 on the 6th January 1956.

With the coming into force of further provisions of the Clean Air Act still greater interest will be created in Atmospheric Pollution records, and the provision of boilerhouse recording instruments generally throughout industry should do much to create greater attention to smoke and effluent reduction. There is still much to be done in the field of fuel combustion if the Clean Air Act is to prove reasonably effective, for changing patterns in the use of fuel are already becoming obvious. The public are rapidly becoming more interested in the smokeless fuels and are realising the benefits to be achieved by their use. Saving of labour, absence of dirt and greater convenience are important factors in the field of domestic fuel consumption, although storage of bulky solid smokeless fuels may cause difficulty in some places. Greater mechanisation in fuel firing can be expected in industry where shortage of boilerhouse staff is still evident. With continued increase in the use of oil fuel, apprehension still exists with regard to the amount of sulphurous effluent likely to result and quality of fuel oil used in built-up areas must continue to be an important factor in pollution problems, for the use of heavier quality oil tends to increase the amount of sulphur emitted.

Height of flues is also of great importance and this is another matter which notwithstanding the need for architectural considerations must be carefully dealt with when any new installation is proposed.

It has been decided by the Health Committee that no special panel of experts will be appointed for the consideration of new proposals involving combustion plant but that consultation and collaboration between the City Engineer, City Architect and Planning Officer and Chief Public Health Inspector will be sufficient in most cases. Any special problem requiring other expert advice will be dealt with as it arises.

It is again a privilege to express at this point appreciation of the assistance given with Atmospheric Pollution records by Mr. Parker through the courtesy of Mr. Brewer the head of the University Inorganic Chemistry Department, and Mr. Martin of the Geography School per Professor Gilbert, for data secured from the Radcliffe Meteorological Station.

#### **(xiv) Swimming Baths and Bathing Facilities**

The open bathing places on the Rivers Thames and Cherwell continue to provide excellent public bathing facilities without any major hygienic concern, while the Temple Cowley covered bath, Hinksey open baths, both being provided with controlled chlorination treatment plant, continue to operate satisfactorily.

Small instructional swimming baths are proposed at three schools in the city and they will be provided with controlled chlorination treatment in accordance with approved modern practice; they will provide valuable additions to educational and recreational facilities.

The usual sampling routine was followed with co-operation by the City Water Engineer, with satisfactory results.

### (xv) Water Supply

The following report has been kindly supplied by the City Water Engineer (Mr. H. H. Crawley, A.M.I.C.E., M.I.W.E.).

The hot, dry spell at the beginning of May resulted in abnormal use of water for garden watering. This increased consumption lowered the pressure in the trunk mains sufficiently to prevent water reaching or being pumped to the high level areas. It was therefore necessary to ban the use of hose pipes for gardens and car washing from the 7th May until the 15th July in order that domestic supplies could be maintained.

For the remainder of the year the supply was adequate and throughout the year the quality was satisfactory.

A new 30 inch trunk main from Beacon Hill to the City was completed at the end of the year and has afforded better pressure generally throughout the City.

Four additional filters were completed at Swinford Works and brought into use.

The total quantity of water treated at Swinford and pumped to Beacon Hill Reservoir during 1957 was 2,691,101,000 gallons, an increase of 99,713,000 on the quantity treated in 1956.

After deducting metered supplies the average consumption per head per day was 23.6 gallons.

### Bacteriological Examinations

Samples of water from the River Thames, which is the source of supply, were taken each month together with samples after settlement, after filtration and of the final water leaving Swinford Works.

The results of the examinations of the above samples made by the Public Health Laboratory Service showed the following ranges in the probable number of coliform bacilli (2 days at 37 C) per 100 ml.

River Thames samples	..	..	..	25 to 16,000
Settled Water samples	..	..	..	0 to 80
Filtered Water samples	..	..	..	0 to 17
Final Water samples	..	..	..	0

Bacteriological samples were taken at least weekly from each of the service reservoirs and from consumers' taps in various parts of the supply area. The results of these samples were:—



Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number
		Satisfactory	Unsatisfactory	
Works Cottages ..	12	11	1	% 91.7
Beacon Hill Reservoir	52	52	—	100.0
Headington Reservoir	54	48	6	88.8
Shotover Reservoir	104	96	8	92.3
Boars Hill Reservoir	53	43	10	81.1
Consumers' Taps ..	191	180	11	94.2
Totals ..	466	430	36	92.3

The majority of the unsatisfactory results were due to non-faecal organisms. Additional chlorination was done as a safeguard at the points concerned.

### Chemical Analyses

Monthly samples of the Raw Thames water and the Filtered water were taken and the ranges of the chemical analyses of these are given below.

	Raw Thames Water		Filtered Water	
	Max.	Min.	Max.	Min.
<i>Physical Characters—</i>				
Reaction pH .. .. .	8.2	7.6	7.8	7.4
Colour in 2 ft. stratum ..	very turbid brown	Slightly turbid yellowish brown	Clear Greenish Yellow	Nil
Suspended Matter .. ..	Present Parts per	Trace million	Trace Parts per	Nil million
<i>Chemical Characters—</i>				
Total solids; dried at 100°C. ..	444	300	425	274
Loss on ignition .. .. .	48	24	55	16
Chlorine in chlorides .. ..	28	21	28	21
do $\times 1.647$ = sodium chloride	46.1	34.5	46.1	34.5
Nitrites .. .. .	Present	Trace	Present	Nil
Nitrogen as Nitrates .. ..	7.9	1.6	6.0	1.0
Saline Ammonia .. ....	0.64	0.06	0.272	0.014
Albuminoid Ammonia .. ..	0.92	0.168	0.184	0.096
Oxygen absorbed; 3 hours at 37°C	3.12	0.82	1.32	0.65
Hardness; Total .. .. .	290	180	300	180
Temporary .. .. .	210	125	205	110
Permanent .. .. .	100	50	110	65
Poisonous metals: Lead .. ..	Nil	Nil	Nil	Nil
Copper .. .. .	Nil	Nil	Nil	Nil
Phosphate as $P_2O_5$ .. .. .	1.40	0.06	Not determined	
Silica as $SiO_2$ .. .. .	20.0	6.8	Not determined	
Fluorides as F. .. .. .	0.22	0.15	0.11	0.10

All properties in the City are supplied from public water mains with the exception of those in Binsey Village where there is a well supply with storage tank serving approximately 75 persons.

## (B) HOUSING CONDITIONS

Further progress was made with slum clearance during the year. Three Clearance Areas declared in 1956 were confirmed by the Ministry without amendment. Compulsory Purchase Orders were also confirmed and by the end of the year considerable progress had been made with the re-housing of the families involved. Four further Clearance Areas were also declared (Friars Nos. 3, 4, 5 and 6). These included some 37 houses having a population of 29 families and a total of 84 persons. Housing Committee proposed to purchase the houses by agreement if possible. In addition, 12 individual Demolition Orders and 15 Closing Orders were made. 31 Certificates of Unfitness relating to houses already owned by the City Council were submitted to the Ministry for confirmation.

30 houses were demolished during the year and 69 families from these and other unfit properties were re-housed. Considerable interest was aroused in housing circles by the coming into operation in July of The Rent Act, 1957. Many owners and occupiers viewed with concern this attempt by the Government to stimulate interest in the repair, renovation and improvement of houses. There was always no doubt that amendment of the existing chaotic rent legislation was necessary, for control of the lower rateable value dwelling houses had led to a position of stalemate. Many houses let at hopelessly uneconomical rents have not received the maintenance so necessary for keeping them in reasonable tenantable condition, principally because rents have been the only source of income available for repair purposes. The time for increasing rentals has undoubtedly been long overdue and only a firmly convinced Government would risk such amended legislation. The new Rent Act in attempting to overcome some of the difficulties, has already caused considerable concern and major additional work for local government officers, estate agents and harassed officials responsible for administering the complicated documentary procedure laid down by the Act. Three major problems seem to have emerged.

(i) Concern over possible hardship to persons—many of fixed incomes (pensioners, etc.) who wish to retain houses now decontrolled because the rateable value has risen over the £30 per annum limit. Where such tenants have not been under contract and fresh agreements have not been drawn up for higher rentals, eviction would appear to be threatened. Health and Housing Committees of the City Council are exercising much thought about such possibilities although major effects are not considered likely. Some extra demand for housing accommodation might well be made from October 1958.

(ii) Procedure for securing increased rents for controlled houses is very complicated, although much depends upon the attitude of tenants. Many have agreed to the review of rent without argument but procedure in connection with disrepair and appeals against increases of rent are causing considerable work for officials and worry to tenants. Form



filling—a tiresome procedure at most times—is no exception when associated with house rental applications.

(iii) The Rent Act procedure is unfortunately quite separate from that of the Housing and Public Health Acts. Simultaneous action may be found necessary under these Acts and the Rent Act following inspection. This department considers it advisable in the best interest of the property concerned to notify landlords of all defects found following a Rent Act application by tenants. Many items of disrepair considered of major importance may not be mentioned in a list submitted by an aggrieved tenant.

Expenditure on many houses will be required because of the direct or indirect impact of Rent Act procedure; such expenditure while due to Rent Act causes or by reason of Housing or Public Health Act notices will inevitably affect rentals. Some irritation has been caused to landlords in cases where tenants have made demands through disrepair certificate applications for repair or renovation of such items as boundary fences, paths, garden walls, coal bunkers, etc. Where property concerned in rent applications is sited in proposed redevelopment areas the attention of the owners concerned has been drawn to the fact that the life of the property may be very limited. Applications by tenants for Certificates of Disrepair have not been many, only 40 being received by the end of the year. 35 were dealt with in reports to Housing Committee and Certificates issued thereafter numbered 12 only. Undertakings to remedy defects by landlords were received in 12 cases. Despite the smallness in number of actual applications considerable preliminary work was involved for staff and many official inquiries were dealt with. Housing Act work resulted in 119 defective dwelling houses being repaired following informal notices, while 8 statutory notices were also found necessary. In 7 cases work was carried out by default action on the part of the City Council and in 4 cases notices were complied with by the owners. Of the 2,765 dwelling houses inspected under the Housing Act, 284 were recorded under the Housing Consolidated Regulations. Most of these are in the St. Ebbe's redevelopment area and are being included in clearance areas or dealt with individually as unfit houses.

There were 86 applications to the Housing Committee for improvement grants, of which 77 were granted. The City Engineer reports that the majority of the applications were, as last year, for installation of hot water systems, bath room and toilet facilities. The total amount of grant involved was £11,343.

<i>Rent Act 1957</i>				<i>No.</i>
Applications for Certificates of Disrepair ..	..	..	..	40
Decisions not to issue Certificates of Disrepair ..	..	..	..	5
Decisions to issue Certificates of Disrepair ..	..	..	..	35
Undertakings given by Landlords ..	..	..	..	13
Certificates of Disrepair issued ..	..	..	..	12

Demolition Orders made .. .. .	12
Closing Orders made .. .. .	15
Certificates of Unfitness .. .. .	31
Houses Demolished .. .. .	30
Families rehoused (unfit houses) .. .. .	69

*Statutory Action*

Notices served .. .. .	8
Complied by owner .. .. .	4
Complied by Local Authority .. .. .	7

**Repairs and Improvements carried out, 1957**

Items	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations .. .. .	5	7	6	18
Animal Nuisances .. .. .	2	—	3	5
Clothing Lockers Provided .. .. .	—	1	—	1
Cooking Accommodation/Fireplaces .. .. .	5	1	—	6
Dampness .. .. .	33	3	—	36
Dustbins .. .. .	9	4	1	14
Drains Tested .. .. .	4	—	—	4
Drains/Waste Pipes Cleared .. .. .	19	3	3	25
Drains/Waste Pipes, etc. Repaired .. .. .	23	7	—	30
Doors/Windows Repaired .. .. .	73	1	—	74
Ditches/Streams Cleansed .. .. .	—	1	—	1
Floors .. .. .	40	10	5	55
Food Hygiene .. .. .	—	5	15	20
Food Stores .. .. .	1	17	—	18
Gutters, Spouting .. .. .	50	2	—	52
Hand Washing Facilities Provided .. .. .	—	3	1	4
Hot Water Supply .. .. .	1	10	1	12
Lighting Improved .. .. .	6	4	5	15
Manure Pits Emptied .. .. .	—	—	2	2
Manure Pits Rep./Improved .. .. .	—	—	3	3
Piggeries Cleansed .. .. .	—	—	—	—
Piggeries Repaired .. .. .	—	—	—	—
Roofs .. .. .	46	2	2	50
Rooms Cleansed/Redecorated .. .. .	11	32	4	47
San. Accom. Prov./Rep. .. .. .	10	15	11	36
San. Accom. Cleansed and Redecorated .. .. .	1	14	7	22
Sinks/Wash Basins Rep./Prov. .. .. .	6	31	11	48
Sites Cleared .. .. .	1	1	2	4
Smoke Nuisances (Industrial) .. .. .	—	—	2	2
Stables Cleansed .. .. .	—	—	1	1
Tables Resurfaced .. .. .	—	4	—	4
Ventilation Improved .. .. .	7	7	3	17
Walls and Chimneys (External) .. .. .	45	2	1	48
Walls and Ceilings (Internal) .. .. .	93	48	35	176
Water Supply Prov./Reinstated .. .. .	—	2	2	4
Water Heaters Provided .. .. .	—	21	3	24
Water Supply Installed .. .. .	—	3	—	3
Yards Repaired, etc. .. .. .	5	4	—	9
Other Nuisances .. .. .	21	33	6	60
Totals .. .. .	517	298	135	950



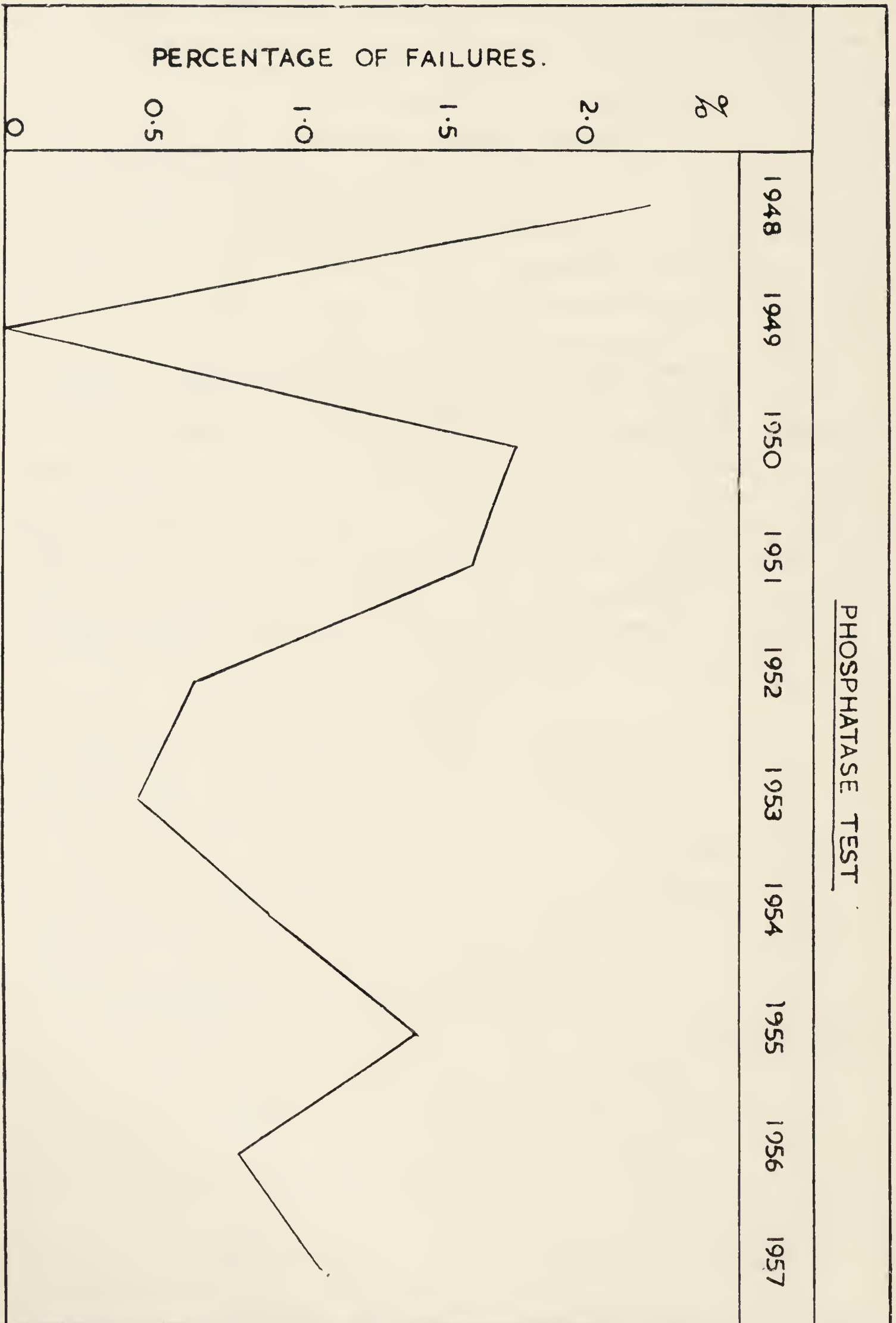
## (C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

### (i) Milk and Milk Products

There were 48 distributors of milk on the register at the end of the year, 2 less than in the previous year, and only one heat treatment plant continues in operation within the City. The Co-operative Society operate this plant which is the high temperature short time type and of considerable capacity. A modern Dawson bottle washer works in conjunction with the plant and is proving most efficient. There was no change in the number of shop keepers continuing to sell bottled milk as received from dairies (17) and the local Co-operative Society distributes sterilised milk through their various branches. The City area is a "Special Designation" area in which only heat treated and raw "Special Designation" milks may be sold.

Of 67 samples of milk examined by the Gerber method as preliminary to official sampling only 9 proved below standard leading to follow-up samples. 18 Formal Samples were taken from the supplies of two herds and on analysis 7 were returned by the City Analyst as being below standard. The average fat content of the samples was 3.52% and non fatty solids 8.44%. One prosecution resulted, a producer being fined £20 and ordered to pay £12 costs in connection with the sale to a local Dairy Depot of milk having added water varying in amount from 3.7% to no less than 36%. Apart from this, however, milk quality generally appeared to be somewhat better than last year.

	Samples Tested	Satis. (Normal Lab. Temp.)	Satis. (Abnormal Lab. Temp.)	Total Satis.	Declared Void	Failed
Raw Milk (Methylene Blue Test)						
T.T. (Farmbottled)	30	22	—	22	—	8
T.T. .. ..	54	46	—	46	—	8
Ungraded .. ..	13	12	—	12	—	1
Total .. ..	97	80	—	80	—	17
Heat Treated Milk (Methylene Blue Test)						
Pasteurised ..	253	184	65	249	4	—
T.T. (Pasteurised)	390	266	86	352	38	—
Total .. ..	643	450	151	601	42	—
Heat Treated Milk (Phosphatase Test)						
Pasteurised ..	253	246	—	246	3	4
T.T. (Pasteurised)	390	386	—	386	1	3
Total .. ..	643	632	—	632	4	7
Heat Treated Milk (Turbidity Test)						
Sterilised .. ..	3	3	—	3	—	—
Total .. ..	3	3	—	3	—	—





97 (102) samples of raw milk (T.T.) were subjected to the Methylene Blue Test for keeping quality and 17 (6) failed, a percentage of 17.5. This was very disappointing after the good results achieved last year. It must be pointed out, however, that most of the failures related only to two producers who received special attention and frequent sampling in order to assist them to clear up certain faults.

13 samples of ungraded milk were examined for keeping quality all being from the herd of a local hospital and only one sample failed the test.

643 Pasteurised milk samples taken during the year proved satisfactory to the Methylene Blue test and demonstrated the continued highly satisfactory standard of treatment. 7 (5) of these Pasteurised samples failed the Phosphatase test but it is significant that all these failures were concerned with one treatment depot operating outside the City. The reason for them was never found and they were the only failures shown in any depot record during the year. 21 samples taken from school milk supplies for Phosphatase Test all proved satisfactory and all samples of Sterilised milk satisfied the special Turbidity test which indicated adequate heat treatment.

There were the usual fairly large number of samples declared void by reason of high laboratory temperature and an amended form of test is still awaited to prevent this tiresome occurrence.

### **Tubercle Bacilli in Milk**

262 samples were taken during the year and submitted for guinea pig inoculation. No samples were found positive and in only 4 cases did the animals die before completion of the test.

### **Ice Cream**

The number of dealers in ice cream continues to rise, there being 371 on the register at the end of the year, an increase of 12. 5 manufacturers operate within the City and general hygienic standards continue to be good. Most of the ice cream sold in the City is pre-wrapped or packed in containers before sale. 64 samples were examined for bacteriological cleanliness by the Methylene Blue test and of these 13 were returned in Grade 3, none in Grade 4. Most of these unsatisfactory samples were concerned with pre-wrapped ice cream sold as received from outside manufacturers.

27 samples of ice cream were taken for examination under Food and Drugs Act for nutritional quality and results were very satisfactory, averages being fat 11.1% (10.26%), sugar 15.9% (15.5%) and total solids 38.67% (37.26%). These results are just over twice the national standard.

Improvements at the Central Covered Market are very evident and have evoked much favourable comment. As stalls change hands opportunity is taken to secure improvements in design and lay-out, together with a better standard of hygienic finish.

## (ii) Clean Food Campaign

### (a) Inspection of Food Premises

Considerable work continued to be done in the inspection of food premises of all kinds throughout the City. Well over 5,000 visits were made to premises shown in the following table.

#### Inspection of Food Premises

Premises	No.	Inspections
Bakehouses .. .. .	21	138
Butchers .. .. .	81	1,255
Cake Shops .. .. .	30	82
Confectioners .. .. .	61	132
Dairies and Milkshops .. .. .	40	183
Fishmongers and Poulterers .. .. .	32	267
Food Preparing Premises .. .. .	78	279
Fruiterers and Greengrocers .. .. .	91	252
Grocers .. .. .	228	821
Ice Cream Manufacturers .. .. .	5	38
Miscellaneous (including Ice Cream Retailers, etc.)	—	4,263
Open Stalls, Hawkers, etc. .. .. .	118	665
Restaurants, Cafes, Kitchens, Snackbars and Canteens	96	766
St. Giles' Fair Food Stalls .. .. .	48	675
Visits re Sampling .. .. .	—	1,047

Since the Food Hygiene Regulations came into force only one shop has been exempted annually from the provisions relating to hand-washing facilities and water supply. This is a tiny service shop adjoining the registered dairy premises and from which only pre-packed food is sold. Lack of space and presence of suitable facilities in the adjoining dairy were the reasons for exemption.

#### Canteen Hygiene

Kitchens, canteens and snack bars continued to receive regular attention and it is pleasing to record a continuation of the good standards already achieved. Some 243 swabs of utensils, washing-up water, sinks, etc., were submitted to the Public Health Laboratory for examination and report. It is unfortunate, however, that one of the two Inspectors engaged in this work resigned and with a shortage of two Inspectors on the staff the investigation had to be temporarily suspended. It was, however, again evident that a vital matter for securing satisfactory results was adequate temperature of rinse water, and where temperatures were not high enough poor results were inevitable. A variety of detergents were found in use but not many users appeared concerned to keep within recommended dosages. The use of large quantities of detergents rather than really hot water seemed to be looked upon as a safeguard against bad conditions and insufficient attention was usually given to details of kitchen routine including the condition of draining boards, sinks, swabbing cloths, etc. The two sink method with adequate supply of really hot



water for final rinse proves satisfactory whenever used properly and every effort is made to convince Cafe and Restaurant proprietors of this fact.

The use of hypo-chlorite in washing-up was noted in a few cases and good results were achieved as a rule where this material was properly used. The City Engineer and his staff are very concerned at the general amount of detergent found in sewage entering the treatment works and there is no doubt that this is a problem of considerable importance in so far as the treatment of sewage and the condition of effluent is concerned. The use of detergents is now so commonplace that much trouble may be experienced before quantities are reduced and more sensible approach to use is achieved. Constant high pressure publicity feeds the public with arguments in favour of using this or that detergent without much in the way of caution in so far as faults in use are concerned. "Foaming at the Mouth" may be said to be one of the several problems which has been created at sewage works, and it is understood that attempts are being made nationally to persuade manufacturers of some of the commercial detergents to reduce the foaming properties of their products.

### **(b) Education and Publicity**

Continued use of our Food Hygiene Regulation "on-the-spot" Notices—popularly known as "yellow tickets"—proved very helpful (65 being served) and this sustained pressure in the field of operations had good results. There is no doubt that there is now an increasing attention to detail in food handling and the public naturally expect the higher standards to continue.

During the year a successful prosecution was taken against a Cafe Proprietor who pleaded guilty to smoking while handling open food. A fine of £10 and 2 guineas costs was secured.

A further case against a Cafe Proprietor included a number of charges alleging failure to comply with the Food Hygiene Regulations in relation to hot water supplies, washing facilities and conditions giving rise to liability to contamination while another charge related to unsound food found on the premises. Fines totalling £35 were imposed and £2 10s. costs awarded. The publicity given to this case had beneficial effect throughout the food trades in the City and there is also no doubt that the public have reacted sharply to the impact of the Food Hygiene Regulations on food preparation handling and display. It was again possible to give a number of talks and lectures to interested bodies, using our own local coloured slide illustrations together with coloured film strips purchased for the purpose. A coloured film strip accompanied by a sound track record was also kindly provided by the Prestcold Refrigeration Department of the Pressed Steel Co. Ltd. Attention was given to Domestic Science and School leaver classes at the schools, Women's Institutes and Guilds, Food Trader's Associations, and other kindred organisations. We have also taken part in lecture courses to the Licensed Victualling trade and in an apprentice training course for the Co-operative Society, to Medical Students, District Nurses

and St. John Ambulance Association groups. The Department continues on request to provide propaganda material including wash-hand labels of various designs.

### (iii) Meat Inspection

There was a considerable reduction in the total number of animals slaughtered at the Co-operative Society and Eastwyke Farm Slaughter-houses. 26,972 were slaughtered and examined as compared with 37,183 during 1956. The total for 1956 was, of course, the highest for many years.

There was a marked reduction in the number of sheep slaughtered—11,042 as against 17,722, a slight reduction in bovines, and also in the number of pigs slaughtered—9,620 as against 11,682. All carcasses were inspected before [distribution and Inspectors continue to carry out Slaughter-house duty on a rota system one week in three or four—variation being due to shortage of staff.

The Co-operative Society premises in Botley Road had further improvements carried out and the installation of a casting pen and mechanical dehairing machine was progressing at the end of the year. The Eastwyke Farm premises although considerably below standard coped very well with demand, but it is envisaged that complete modernisation of these premises will be required if they are to comply with the new standards to be set by future Slaughterhouse Regulations.

There is still a woeful shortage of cool hanging space and cold storage, although the deep freeze depot at Wolvercote, and other trade stores, are constantly in use.

The following figures indicate the through-put at each Slaughter-house, together with the number of actual visits for meat inspection purposes.

			<i>Eastwyke</i>	<i>Co-op</i>	<i>Shops</i>
Bulls	..	..	3	10	—
Steers	..	..	692	1,203	—
Cows	..	..	45	346	—
Heifers	..	..	520	1,448	2
Calves	..	..	858	1,183	—
Sheep	..	..	3,495	7,547	—
Swine	..	..	3,047	6,572	1
			<hr/>	<hr/>	<hr/>
			8,660	18,309	3
			<hr/>	<hr/>	<hr/>
No. of visits for Meat Inspection	..	..	..	..	1,420

The table below shows the extent of meat inspection work over the last 20 years with visits made under the provisions of the Public Health Meat Regulations.



Year	Total number of animals inspected	Total number of visits in connection with meat inspection
1938	28,201	5,157
1939	29,661	4,365
1940	81,988	952
1941	70,322	984
1942	48,529	1,095
1943	39,772	1,021
1944	38,579	911
1945	35,976	969
1946	35,301	1,015
1947	30,313	987
1948	24,761	1,001
1949	25,849	980
1950	28,732	1,096
1951	23,303	811
1952	30,700	779
1953	29,033	834
1954	35,188	901
1955	30,662	824
1956	37,183	982
1957	26,972	1,420

### Cysticercus Bovis

40 suspected cases of *Cysticercus Bovis* (tape-worm cysts) were discovered in animal carcasses as against 27 during the previous year. Cold storage precautions were taken in all cases. Positive identification on Laboratory examination was achieved in 20 cases although most of the remainder were returned as cysts in various stages of degeneration, in some cases too far advanced for Laboratory confirmation. One case of generalised cysticercosis was discovered, cysts being present in cheek, heart, diaphragm muscles, and also throughout the musculature. Enquiries by the Divisional Veterinary Officer regarding likely source of infestation proved abortive.

In 31 cases cysts were confined to cheek muscles only, in 6 cases the heart muscles were involved and in 2 both heart and cheek. The Divisional Veterinary Officers concerned were advised whenever possible so that enquiries could be made at the sources concerned. Tracing of animals through auctioneers was not always successful although general co-operation was forthcoming. There remains much lack of reliability in regard to identification of animals in the general marketing system.

### Liver Fluke (Distomatosis)

The following figures show the trend for the last eight years in this parasitic affection of bovines and sheep. There was an appreciable reduction in the incidence found.

Year	Bovines Inspected	Bovines Affected	Percentage	Sheep Inspected	Sheep Affected	Percentage
1951	10,759	1,035	9.62	10,094	180	1.78
1952	11,823	1,288	10.81	15,602	377	2.41
1953	9,502	1,119	11.75	15,017	541	3.57
1954	8,982	734	8.14	18,079	254	1.39
1955	6,392	777	12.12	12,847	197	1.51
1956	7,779	1,057	13.52	17,722	205	1.14
1957	6,310	548	8.66	11,042	29	0.26

## Tuberculosis

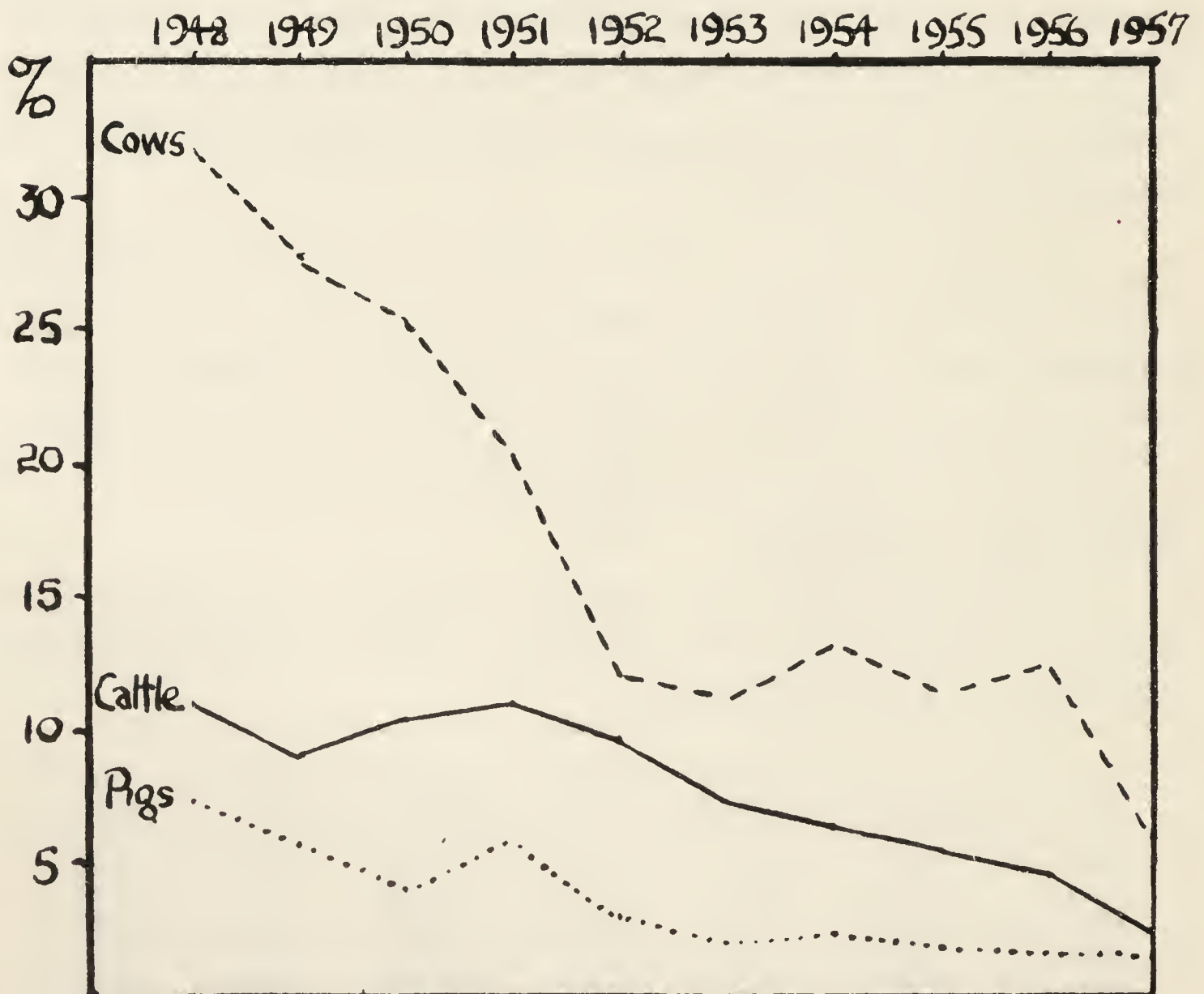
The following table and graph show results achieved over the past 10 years and the general decline in Tuberculosis infection among cattle and pigs.

The figures are very satisfactory and the general trend is still downward.

Percentage of Animals affected with Tuberculosis

	Cattle	Cows	Calves	Pigs
1948	11.1	31.7	0.5	7.4
1949	9.1	27.6	0.1	5.9
1950	10.4	25.4	0.1	4.0
1951	11.0	20.3	0.1	5.9
1952	9.8	12.0	0.09	3.0
1953	7.5	11.2	0.09	2.2
1954	6.5	13.3	—	2.5
1955	5.7	11.4	0.08	1.9
1956	4.8	12.5	0.1	1.8
1957	2.5	6.1	0.05	1.6

Trend over 10 years





## Carcases Inspected and Condemned, 1957

	Cattle, exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed .. .. .	3,878	391	2,041	11,042	9,620
Number inspected .. .. .	3,878	391	2,041	11,042	9,620
<i>All diseases except Tuberculosis:</i>					
Whole carcasses condemned ..	3	2	3	5	41
Carcasses of which some part or organ was condemned ..	880	123	8	240	562
Percentage of the number in- spected affected with disease other than tuberculosis ..	22.7	32.0	0.5	2.2	6.2
<i>Tuberculosis only:</i>					
Whole carcasses condemned ..	1	1	—	—	1
Carcasses of which some part or organ was condemned ..	95	23	1	—	158
Percentage of the number in- spected affected with tuber- culosis .. .. .	2.5	6.1	0.05	—	1.6

## Tuberculosis in Food Animals, 1957

Portions dealt with	Bovines		Pigs		TOTALS Bovines & Pigs	
	No.	Weight (lbs.)	No.	Weight (lbs.)	No.	Weight (lbs.)
Whole Carcasses .. .. .	2	1,411	1	110	3	1,521
Part Carcasses .. .. .	3	421	4	48	7	469
Heads and Tongues .. .. .	53	1,688	150	1,838	203	3,526
Lungs .. .. .	78	807	8	31	86	838
Hearts .. .. .	1	5	4	4	5	9
Livers .. .. .	16	229	4	12	20	241
Stomachs and Intestines ..	10	240	2	21	12	261
Other Organs .. .. .	1	2	12	16	13	18
Totals .. .. .	164	4,803	185	2,080	349	6,883

## Decomposition of Meat, 1957

Quantity dealt with								Weight lbs.
<b>ENGLISH:</b>								
Beef .. .. .								520
Beef Offal .. .. .								47
Mutton .. .. .								24
Mutton Offal .. .. .								36
Pork Offal .. .. .								5 $\frac{1}{4}$
<b>IMPORTED:</b>								—632 $\frac{1}{4}$
Beef .. .. .								58
Beef Offal .. .. .								83
Mutton Offal .. .. .								10
Pork Offal .. .. .								87 $\frac{1}{2}$
								—238 $\frac{1}{2}$
<b>Total .. .. .</b>								<b>870<math>\frac{3}{4}</math></b>

### Total Condemnation of Meat, 1957

					lbs.	lbs
English Meat	..	..	..	..	27,615 $\frac{3}{4}$	
Imported Meat	..	..	..	..	238 $\frac{1}{2}$	
					————	27,854 $\frac{1}{4}$
<b>Condition</b>						
1. Tuberculosis	..	..	..	..	6,883	
2. Other Diseases	..	..	..	..	20,100 $\frac{1}{2}$	
3. Decomposition	..	..	..	..	870 $\frac{3}{4}$	
					————	27,854 $\frac{1}{4}$

Where unsound meat is considered unsuitable for disposal by processing for dog feeding it is destroyed by incineration, by arrangement with the Administrator of a local hospital.

There was a welcome decrease in the amount of meat condemned during the year and the figure for imported meat was very small despite the shortage of good cooling and storage facilities for meat generally.

Apart from a small package of meat seized in a local cafe and which was made the subject of legal proceedings (mentioned in the Food Hygiene Section) no further seizures were made in connection with our meat inspection duties.

#### (iv) Sampling of Food and Drugs

219 (204) samples were submitted for examination by the Public Analyst and of these 28 (25) were returned as non-genuine.

As already mentioned 18 Formal Samples of milk were taken in connection with the suppliers from 2 cow keepers to a local Dairy Depot. 7 of the samples proved non-genuine there being evidence of added water. The successful prosecution resulted.

A further case concerning white pepper adulteration to the extent of about 50% was also successful, a fine of £20 and £4 12s. costs being awarded. Carelessness on the part of staff in the shop was blamed for the occurrence. The sale of mouldy liquorice allsorts also led to a successful prosecution during the year, a local retailer being fined no less than £50 with £2 10s. costs for selling and having in possession for sale old stock obviously in rancid and mouldy condition.

Goods having misleading labels were sampled—a number of brands of Glycerin, Lemon and Honey being adversely commented upon by the Public Analyst. There still seems much minor fault in labelling of common pharmaceutical preparations although it would seem that discussions still continue between manufacturers and the Association of Public Analysts in regard to such labelling.

A sample of Orange flavoured wine—so-called—was found to be merely an artificially flavoured and sweetened water and the manufacturer was asked to cease the use of the description for his product. One sample of Pickling Spice contained a stone weighing 1/10th of an ounce.



CONDITION	WHOLE CARCASSES & ALL ORGANS			PART CARCASSES			HEADS & TONGUES			LUNGS			HEARTS			LIVERS			STOMACHS & INTESTINES			OTHER ORGANS			TOTAL WEIGHT		
	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines lbs.	Sheep lbs.	Swine lbs.			
Abscesses ..	—	1	—	2	3	2	4	2	5	14	1	11	—	1	9	250	6	12	3	—	2	3	3,734	76½	263		
Actinomycosis ..	—	—	—	—	—	—	16	—	—	—	—	—	—	—	—	—	—	—	409	—	—	—	—	—			
Angioma ..	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	14	1	—	224	—	—	—	3	—			
Cirrhosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	48	—	147	636	—	—	—	—	—			
Cysticercus Bovis ..	1	—	—	—	—	—	33	—	—	—	—	—	8	—	—	—	—	—	1,799	—	—	—	—	—			
Cysts ..	—	—	—	—	—	—	—	—	—	11	—	1	—	—	—	9	3	—	262	—	5	—	99	14			
Distomatosis ..	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	548	29	1	5,130½	—	—	—	64½	—			
Erysipelas ..	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2	—	—	10			
Fevered Condition ..	3	1	4	—	—	—	—	—	—	—	—	—	—	—	21	—	—	17	139	21	—	—	21	729			
Inflammatory Condition ..	1	—	2	—	1	1	1	—	—	13	13	72	—	—	—	—	—	3	995	15½	—	—	15½	361½			
Injury ..	1	2	—	8	1	15	1	—	1	1	—	3	1	—	5	1	3	2	1,038	111	—	—	111	368			
Jaundice ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	2	—	6			
John's Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	66	—	—	—	66	—	—			
Necrosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	11	6	38	111	—	—	111	9½	108½			
Oedema ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	252	—	2	—	—	2			
Parasitic Condition ..	—	—	—	—	—	—	—	—	—	—	10	—	—	—	—	1	97	73	13	178	—	—	178	217			
Pericarditis ..	—	—	1	—	—	—	—	—	—	7	4	4	3	1	65	—	1	3	15	1	—	15	1	65½			
Pneumonia ..	—	—	34	—	—	—	—	—	—	—	—	131	—	1	17	—	1	—	88	8	—	88	8	318½			
Swine Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Tumours ..	1	1	—	—	1	—	—	—	—	1	—	—	—	—	—	3	1	1	—	—	1	491	72	5			
	8	5	41	10	6	18	55	2	6	51	29	223	12	3	122	886	193	300	9	—	2	13	—	659	15,404½	4,037	

Two samples of cake mixture were considered incorrectly labelled and were referred to the manufacturers for amendment.

One case involving buttered rolls alleged to be spread with Margarine was proved, and warning was given by the Health Committee.

Several samples of canned meats were returned as either bacteriologically unfit or of inferior quality. The necessary action was taken in regard to the unfit consignments and reference was made to the importers of those samples found to be of inferior quality.

Further attention was directed to the meat content of sausages, sausage meat, and sausage rolls, etc. Fifteen samples of pork sausages averaged 72.74% of meat at  $2/11\frac{1}{2}$  per lb., there being variation from 64% of meat at  $3/2$  per lb. to 81.5% of meat at  $3/4$  per lb. The lowest price paid was  $2/3$  for pork sausages containing 74% of meat and the highest price  $3/6$  per lb. for sausages containing 65% of meat. Three samples of pork sausage meat averaged 72% the price varying from  $2/6$  to  $3/6$  per lb. Four samples of beef sausages averaged 70.5% meat content and  $2/1\frac{1}{2}$  per lb., the cheapest sample being  $1/10$  per lb. with 76% of meat content, whereas an article containing only 60% of meat was charged at  $2/2$  per lb.

There is no doubt that there continues to be no relation between meat content and price, but there has undoubtedly been an improvement in the meat content and apparent quality of sausages following the local magistrates' decision some time ago, that 65% for pork sausage and 50% for beef sausage were reasonable minima. 4 sausage rolls were sampled at costs varying from  $4\frac{1}{2}d.$  to  $10d.$  each; that costing  $10d.$  was returned as containing the least amount of meat, i.e. 13.7%; one costing  $9d.$  26.7% of meat, and one containing 18% of meat cost  $8d.$  The cheapest sample at  $4\frac{1}{2}d.$  contained 27% of meat. There is, of course, no standard for this article but obviously a most disconcerting variation of meat content and price. The public appear to be very long suffering in this matter.

26 samples of imported egg material were examined by the Public Health Laboratory staff during the year. 2 samples were of dried egg the remainder being of the frozen variety. Plate counts varied from 500 organisms to well over 2 million; B. Coli were present in 21 out of the 26 samples. Organisms of the Salmonellae Thompson group were isolated from one sample while faecal streptococci were present in 8 other samples. Apart from 4 samples all the material was from China. Gross contamination is generally evident and this condition places an unfair burden of responsibility on both food handlers and Health Authorities.

It is understood that the Ministry have given special consideration to the circumstances under which this material is imported since attention was drawn by a number of Local Authorities to the unsatisfactory bacteriological condition of the material when received in their districts.



## FOOD AND DRUGS ACT, 1955

## Samples taken for Analysis during the year 1957

Article	No. of Samples obtained			Result of Analysis	
	Formal	Informal	Total	Genuine	Non-Genuine
Almonds, Ground ..	—	1	1	1	—
Apples, Unwiped ..	—	1	1	1	—
Apples, Wiped ..	—	1	1	1	—
Barley, Pearl ..	—	1	1	1	—
Bun, Buttered ..	1	—	1	1	—
Butter .. ..	—	6	6	6	—
Cakes .. ..	—	1	1	1	—
Confectionery .. ..	1	23	24	23	1
Cordial .. ..	—	4	4	4	—
Cream .. ..	—	2	2	2	—
Cream, Imitation ..	—	1	1	1	—
Custard Powder ..	—	1	1	1	—
Eggs/Poached ..	—	1	1	1	—
Fish Cakes .. ..	—	1	1	1	—
Fish, (Canned) ..	—	4	4	4	—
Flavouring .. ..	—	6	6	6	—
Flour Products ..	—	5	5	4	1
Fruit (Canned) ..	—	1	1	1	—
Fruit Mixed (Dried) ..	—	1	1	1	—
Gelatine .. ..	—	1	1	1	—
Ice Cream .. ..	—	27	27	27	—
Jelly .. ..	—	2	2	2	—
Lemonade, Powder/Crystals ..	—	3	3	3	—
Margarine .. ..	—	1	1	1	—
Meat (Canned) ..	—	8	8	1	7
Milk .. ..	18	—	18	11	7
Mushrooms (Dried) ..	—	1	1	1	—
Pastries .. ..	—	1	1	1	—
Pepper .. ..	1	8	9	7	2
Pepper (Compound) ..	—	1	1	1	—
Pickles .. ..	—	3	3	3	—
Pie, Pork .. ..	—	1	1	1	—
Preserves .. ..	—	2	2	2	—
Rice (Ground) ..	—	2	2	2	—
Rice Pudding (Canned)	—	1	1	1	—
Rolls, Buttered ..	—	1	1	—	1
Sauces .. ..	—	3	3	3	—
Sausages, Beef ..	—	4	4	4	—
Sausage, Liver ..	—	1	1	1	—
Sausage Meat, Pork ..	—	3	3	3	—
Sausages, Pork ..	—	15	15	15	—
Sausage Rolls ..	—	4	4	4	—
Seasonings .. ..	—	2	2	2	—
Spices .. ..	—	10	10	9	1
Suet, Shredded Beef	—	1	1	1	—
Tea .. ..	—	4	4	4	—
Toast, Buttered ..	—	1	1	1	—
Vinegar .. ..	1	11	12	11	1
Wine, Non-Alcoholic	—	1	1	—	1
Drugs:					
Aspirin Tablets ..	—	1	1	1	—
Balsam of Aniseed ..	—	1	1	1	—
Cold and Influenza mixture .. ..	—	1	1	—	1
Cough Mixture ..	—	3	3	3	—
Glycerin, Lemon and Honey .. ..	—	5	5	—	5
Headache Powders	—	1	1	1	—
Saltpetre .. ..	—	1	1	1	—
Totals ..	22	197	219	191	28

# Table of Adulterations

No. of Sample		Article	Results of Analysis	Action taken
Informal	Formal			
17		Vinegar	10% deficient in acetic acid	Follow up sample genuine
45		Pork Luncheon Meat	Contained only 64% of meat	Importers advised re inferior quality
46		Pork Luncheon Meat	Contained only 64% of meat	
	71	Milk	6.7% deficient in fat	Warning letter to producer re bulk mixing of supply
	72	Milk	11.7% deficient in fat	Warning letter to producer re bulk mixing of supply
80		Pork Luncheon Meat	42% deficient in meat	Notice to Importers who are in communication with Belgian manufacturers
88		Luncheon Meat	17.5% deficient in meat	Warning to suppliers who had sold out stock
99		White Pepper	Contained not less than 40% wheat flour	Formal sample No. 113 taken
	113	White Pepper	Contained not less than 40% wheat flour	Prosecution—Fined £20 and costs
115		Glycerin, Lemon and Honey	Misleading Label	Follow up sample No. 149
	135	Milk	9.3% deficient in solids not fat 11.6% deficient in fat 14.5% added water	Prosecution of producer resulting in fines totalling £20 with £12 costs
	138	Milk	13.5% deficient in solids not fat 19.2% added water	
	139	Milk	2.5% deficient in solids not fat 8.3% deficient in fat 3.7% added water	
	140	Milk	31.8% deficient in solid not fat 36% added water	
	141	Milk	11.6% deficient in solids not fat 16.9% added water	
149		Glycerin, Lemon and Honey	Misleading label	Referred to Manufacturers who are amending formula. Further sample taken
159		Pork Luncheon Meat	Bacteriologically unfit	Referred to Importer and consignment condemned
160		Pork Luncheon Meat	Bacteriologically unfit	
173		Liquorice Allsorts	Meuldy and rancid. Unfit for human consumption	Prosecution—Fined £50 and costs
180		Pickling Spice	Contained piece of stone weighing 1/10th ounce	Packers advised
181		Cake Mix	Incorrectly labelled	Correction to be made
195		Luncheon Meat	Meat content 72%	Importers advised
202		Cold and Influenza Mixture	Incorrectly labelled	Amendment of label requested
205		Buttered Rolls	Butter absent, spread with margarine	Warning letter sent
214		Orange-Flavoured Wine (Non-Alcoholic)	Incorrectly labelled	Amendment requested
218		Glycerin, Lemon and Honey	Incorrectly labelled	Amendment of label requested
219		Glycerin, Lemon and Honey	Incorrectly labelled	Negotiations in progress re label
220		Glycerin, Lemon and Honey	Incorrectly labelled	Stock withdrawn pro. tem.



### Merchandise Marks Act, 1887/1953

Somewhat more attention was given to this part of our duties and 372 visits were made to shops and premises in the City concerned with the sale of certain food commodities required to be marked and properly described under the provisions of these Acts. A number of warnings were issued in relation to tomatoes and eggs, for many traders seem somewhat careless of the application of the provisions of the Acts on the sale of such foods. No cases were found considered serious enough for statutory action.

#### Foodstuffs Surrendered for Destruction

Commodity									Weight in lbs.
Bacon	...	...	...	...	...	...	...	...	581½
Butter	...	...	...	...	...	...	...	...	30
Cake	...	...	...	...	...	...	...	...	435
Cereals	...	...	...	...	...	...	...	...	51½
Cheese	...	...	...	...	...	...	...	...	531½
Confectionery	...	...	...	...	...	...	...	...	4½
Fish	...	...	...	...	...	...	...	...	211½
Flour	...	...	...	...	...	...	...	...	6½
Fruit	...	...	...	...	...	...	...	...	283½
Jam	...	...	...	...	...	...	...	...	34½
Margarine	..	..	..	..	..	..	..	..	29½
Meat, Manufactured	..	..	..	..	..	..	..	..	64
Milk, Dried...	...	...	...	...	...	...	...	...	28
Pickles	...	...	...	...	...	...	...	...	102½
Poultry	...	...	...	...	...	...	...	...	197½
Sauces	...	...	...	...	...	...	...	...	8½
Sausages	...	...	...	...	...	...	...	...	103½
Spreads	...	...	...	...	...	...	...	...	60½
Sugar	...	...	...	...	...	...	...	...	41½
Vegetables	...	...	...	...	...	...	...	...	30½
Miscellaneous	...	...	...	...	...	...	...	...	114½
									3,951½
Canned—									
Fish	...	...	...	...	...	...	...	...	317
Fruit	...	...	...	...	...	...	...	...	5,281
Jam	...	...	...	...	...	...	...	...	165½
Meat	...	...	...	...	...	...	...	...	4,701
Milk	...	...	...	...	...	...	...	...	260½
Soup	...	...	...	...	...	...	...	...	2,217½
Vegetables	...	...	...	...	...	...	...	...	4,165½
Miscellaneous	...	...	...	...	...	...	...	...	1,013½
									18,120½
Total	...	...	...	...	...	...	...	...	22,072½

All of the above foodstuffs were disposed of by deep tipping, under supervision, by arrangement with the City Cleansing Superintendent.

#### (v) Markets

Both open markets in Oxford are showing improved hygienic conditions. The Oxpens Open Market which is held weekly on Wednesdays and adjoins the local Cattle Market is much more presentable and attractive since permanent metal stalls were erected. Stall holders continue to co-operate in the provision of facilities for hand-washing and cleanliness where required but there is still difficulty in securing the regular showing of names and addresses as required under the Food Hygiene Regulations.

A number of warnings were issued but in no case was it considered worthwhile taking statutory action.

The Covered Market situated in the City Centre is being improved by the Markets and Fairs Committee. Certain drainage works have been carried out with improvements to water supply and these have made it possible for certain traders to comply with the requirements of the Food Hygiene Regulations. At the same time considerable improvement has taken place in shop fittings and hygienic finishes particularly where changes of occupier have occurred.

A progressive policy has been adopted in order to secure gradual elimination of unsatisfactory conditions and provision of more attractive and hygienically finished shop fronts and interiors. Complete redecoration of the market is still required and indeed complete modernisation is highly desirable but the cost at the present time would be prohibitive. Constant attention is paid to the conditions under which food is stored and sold in the markets and in general retailers' co-operate satisfactorily with our staff in that connection.

The numbers of food shops and stalls at the two markets are as follows:—

*Covered Market*

Butchers and Bacon Dealers	..	..	..	..	14
Fishmonger and Poulterers	..	..	..	..	7
Fruiterers and Greengrocers	..	..	..	..	15
Confectioners	..	..	..	..	2
Grocers	..	..	..	..	3
Restaurants	..	..	..	..	3
					—
					44
					==

*Open Market*

Fruiterers and Greengrocers	..	..	..	..	15
Confectioners	..	..	..	..	4
Ice Cream Dealers	..	..	..	..	2
Fishmongers	..	..	..	..	2
Grocers	..	..	..	..	4
Biscuit Stall	..	..	..	..	1
					—
					28
					==

### Fertilisers and Feeding Stuffs Act

12 samples (11 formal and one informal) were taken during the year consisting of 5 fertilisers and 7 feeding stuffs (one of the latter being an informal sample of chick feed). In only one case was any adverse comment made by the official analyst; a sample of ammonium sulphate requiring a statement of free acid. The attention of the manufacturer was drawn to this matter.





